An Exposition of Old Moves

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"CHIROPRACTIC FOUNTAIN HEAD"

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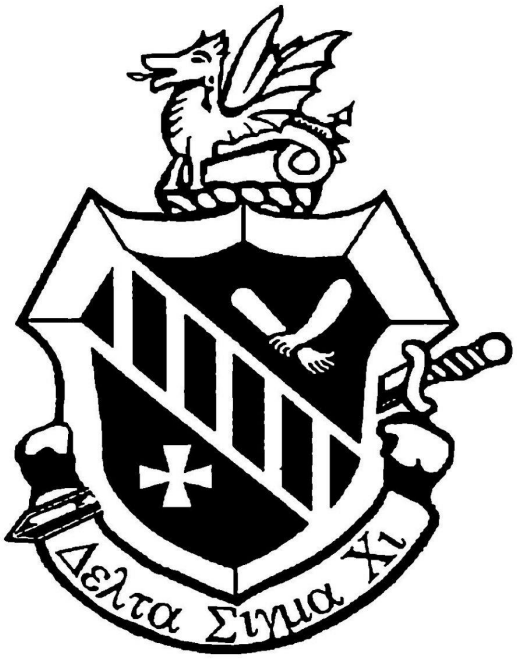


Exposition of Old Moves Illustrated

Introductory.

The purpose of this book is to give, at little cost, that which is being sold in spasms, here and there, at fabulous prices, following an exaggerated statement of their value. It serves as a curiosity gratifyer, a pacifier to he who thinks he wants and wants until he gets. It almost is a case of *multum-in-parvo*, much in little. If the aggregate value was placed on this book for what these moves are individually sold for, it would total many thousands of dollars. It will be seen, then, that we are serving the Chiropractic profession in another altruistic manner.

In recording these "moves," it does not behoove the historian to speak of their value or danger. That he does in other places and other manners. It is sufficient here to merely describe them as best any motion can be described in cold type and let you decide for yourself their values—which you do anyhow, notwithstanding.

The author, inventor and developer of that which you are now about to read requests that you pause for one hour; that you hesitate to read this until you have read his latest and best product on the adjusting art, viz.: his book, "Majors and Minors." It is a monograph and sells for fifty cents. It is a pungent history of the entire adjustment movements; a description of its important principles, its stage of development.

Last, but not least, let it be said that no other person is better fitted to give you what you here get than the undersigned. He is the only living person who has been in closest contact with every idea, stage, step of its discovery and development ever since its discovery. What he gives can be depended upon for closest scrutiny, strictest valuation.

Having read "Majors and Minors," you are now ready to consider the contents of this book.

Chiropractically yours,

B. J. PALMER.

Introduction.

The business side of Chiropractic in no way differs from the viewpoint of any other commodity. Go where you will, see what you please, experience all you can, you are confronted with two prominent conditions, which I shall here illustrate.

Enter a drygoods store. Clerks galore; some sell goods and others don't. Some clerks are there only to draw down a salary. Other clerks are there to please the customer; see that he gets what he came for. The first clerk is selling *time* to the store; she does not sell the goods, neither does she care whether the customer gets what he came for or not. The second clerk is interested in you, inquires of the goods you want, the quality, the price, and sees that you get it in a manner that you want. This clerk is selling *service* to the firm in whom she is interested. To prove that these contrasts exist, go to any store where more than the proprietor sells goods. Watch the manner of different clerks. You will find *many* who sell *time;* a few who sell *service.*

Before the advent of Fred Harvey, waitresses were indiscriminately picked up from the streets, rushed into the dining room with an apron and began "serving hash." It was solely a question of getting grub from the kitchen to the table. They didn't care whether the steak was rare or well done, whether potatoes were hot or cold. You were at the mercy of the vagaries of the waitress. You took what you could, in any manner you could get it. This waitress sells *time;* all she was interested in was her check at the end of the week.

Go now into any Fred Harvey eating house and you will be astonished at the contrast. Each waitress is properly gowned; is attentive to your order; serves it in a manner that pleases you, just as you want it. Rubber heels, manicured nails, hair combed—no detail too small to receive their attention. They take a special interest in every customer, be their order large or small. Harvey eats are famous the world over. He established a new order of things.

Many waitresses sell *time,* but the Harvey Houses *serve service.* That's the difference between success and failure. To bring about this idea Fred Harvey found that his people were interested in pay, not meals. He established a school at which place he trained his people to learn how to *serve service,* how to be attentive to the service his customers wanted. It took years to train *his* people to appreciate *the idea* of service, not time.

There was a time when the physician made his two calls daily to a typhoid fever case. He knew he could not cure the case; that he could do nothing for her. He made his calls twice regularly and sold his calls at $2.00 per. *He* was selling *time*, not service. The patient *wanted health;* the patient was getting *time;* therefore, the patient was *not* getting what she wanted. No wonder that his ability, merit and prestige began to wane.

On came the Chiropractor. He calls on a typhoid case. He gives one or two major adjustments. In two days the case is well. The case *wanted* to be well. *Time* was an item. The Chiropractor *saved time*. He sold *service*.

Contrast this, if you please, between Chiropractors and chiropractoids.

Go into the chiropractoid's office. His argument is: "My patients take one minute adjustments and ask me if that is all? He wants more fooling, rubbing and more 'something' done to him. I give him a thirty-minute treatment." What is *he* selling? Twenty-nine minutes of *time*, and one minute of *service*.

Go into the Chiropractor's office. His argument is: "My patient comes to me because he is sick. What he *wants* is *health*. What he *pays* me for is *health*. I can give him *health* by giving *service*, not *time*. He begins a systematic study of himself, his methods, theories, ideas, and he finds that *major work*, above all, *is* service. He gets his cases well. What is *he selling?* One minute of *service*.

Compare two stores, one whose clerks sell *time* and another where they sell *service*—which has *the business?* Compare Marshall Field's, Wannamaker's and the thousands you know of in "Hinky-dinks'" building. Think it over!

Compare two restaurants: one waitress slings the hash and another serves the meal—which has *the* business? Compare any Harvey House with the thousands of eating places you know, even in cities. Think it over!

Compare two professional offices; one chiropractoid gives the patient anything he wants—slings it at him for thirty minutes—and a Chiropractor, who gives the patient what he needs to get well—which has *the* business? Compare any mixer with the major—any place you please. Think *that* over!

You can sell *time* or *service*. What now follows is only of interest to he who is interested in the sick, wants to give them health; who wants to find better methods of *service*. This article is entirely wasted on him who believes in the theory that the way to make a living is to sell *time*.

Exposition of Old Moves.

D. D. Palmer was the discoverer of the fundamental principle underlying Chiropractic. Chiropractic was named in September, 1895. In that connection I was asked, as an expert witness, at the Puddicombe trial at Beloit, Wisconsin, what "it was that my father practiced before he named it Chiropractic." My answer was "Chiropractic." "Well, but what was it that he practiced before he *named* it Chiropractic?" "It was what it was afterwards named, which was Chiropractic." He had several years of thinking and studying along this line before it took sufficient shape to be named, as you can understand.

Westinghouse worked a long time on the air brake before he perfected what was the Westinghouse Air Brake. Yet it was, in all reality, an air brake, even though it was a contrivance unnamed, because it was being worked to that end. Remember that complete arts, sciences or philosophies are not coined on the spur of the moment. Chiropractic has been a product of growth. Growth is evolution of thought, day after day, and year after year.

Perhaps you will name a baby the moment it comes into the world; perhaps "John Brown" before it came, and then if it was a girl you changed to "Annie Laurie." You have a choice because you know something that is the product of time is due to be complete on an approximate date.

But an art, science or philosophy grows into us so stealthily and craftily that you don't know it, and it takes an onlooker to almost knock you down to make you realize that you *have* an art, science or philosophy. So it is with Chiropractic. While it was unnamed until 1895, it was in the embryo for years before that, and I say that the science is practically twenty years of age, although it had its Christening in 1895.

My father was a magnetic healer before he became a Chiropractor. He practiced "magnetic healing" before he discovered Chiropractic, but as I review the way in which he treated magnetically and as I studied the principle under which *he* was working as a magnetic healer, I find he did not work like others, he did not treat magnetically like anybody else. He had a way distinctly and uniquely his own. He accomplished results that other magnetic healers had failed on. He stood in the magnetic work with other magnetic healers as *The P. S. C.* Chiropractor stands in relation to other Chiropractors; we are the peers, and so he was the peer of magnetic healers.

That principle, as I review it now, was an unnamed, undefined system working along what we afterward knew

was Chiropractic lines, so if you want to know how long I have been in Chiropractic work you must go back at least twenty-one years and say that Chiropractic began at least twenty-one years ago. Under these circumstances you can see that I was born of a magnetic healer, been brought up in the business all my life. I have grown up with it, as its public promoter and developer and have pushed it through to where it is.

Naturally there is a certain pride I have in carrying the family name. I want to see the name of *Palmer* go down on the pages of history to the credit of that name; and in analyzing the ways and means of accomplishing this I have been impressed with two conclusions: 1st, that the men who do things live a life that credits themselves, and 2d, when they credit themselves they credit the world. This divides itself into two phases. First, the moral aspect, and the other is the scientific life. Morally, the man must be beyond question; scientifically, he must be sincere and conscientious. When I say he must be beyond question morally, I do not mean that the man can do things wrong simply because nobody sees him; I mean that he must be moral whether the world sees his acts or not. If he is immoral when the world is not looking, then he is immoral to himself and to his relationships to everybody else. Scientifically, he must be true to his convictions, and if he is true to himself he will not misrepresent to others.

I bring up this by way of an introduction to this "Exposition of Old Moves." I have always said, and said conscientiously, that if there was anything good introduced, I was going to accept it if in any manner, shape or form it was being introduced to perfect the fundamental principle of Chiropractic; but if it compromised that principle in any way, manner, shape or form, I was going to wash my hands and have nothing to do with endorsing, advocating or using it.

Many students come to *The P. S. C.*, spend six, nine, twelve or eighteen months, complete their "course," go forth into the world and in a few weeks claim to have coined more moves than we could comprehend in years. These are the "boys" who place themselves upon pedestals as comprehending the fundamentals of Chiropractic, and in a short time are pedagogues in budding colleges or international universities. We find two common objections to almost all of the claims issued by these people, and a process of thought and an analysis of their work will bear me out that, first, as novices, they have not ground into themselves an understanding of the fundamental principle of Chiropractic, therefore cannot work in co-ordination with its aged purpose or intention; second, their moves are contrary to the forma-

tion of subluxations. If new, they are of little lasting value; if old, they have been discarded for better. The lack of matured comprehension on their part leaves a void space to be filled, and this they proceed to do with the nearest possible material of a filling consistency. Few students have Chiropractic sufficiently well understood to know that its greatness is in its simplicity. The more complex they can make it, the greater number of moves they can add, the more they feel they are doing for Chiropractic.

You and I have frequently passed through museums and viewed the poor tools and other bric-a-brac of years ago. How simple and childlike they appear now—because we have outgrown them. So do these "old moves" appear to me. Some, perhaps many or all, will appear the same to you. Broaden your appreciation of a well laid and truthful foundation and you will view them all likewise.

I want to go into these moves for the purpose of comprehension, and display these *old moves* for the purpose of an exposition of the same, as you would go to a museum to see the relics of bygone days, not that I would tell you to use the old blunderbus or use the gas-pipe gun of four hundred years ago—I, today, countenance the use of very few of the old moves displayed.

Two contentions or factions have always existed in the Chiropractors' ranks. First, that I do not countenance any moves except such as I have originated myself, and, second, that I won't teach (as the developer of Chiropractic and thereby officially stamp them authoritatively) those moves except as I see they are worthy. I admit both claims with modifications. All principles are easily demonstrated, and Chiropractic is no exception. We need not have a great simplicity bundled in all the greatest possible complexity and incomprehensibleness. I am accused of being selfish to pet ideas. I deny this on the common ground that I admit more and give away more knowledge or facts to a greater number of people than all the balance of the Chiropractors in our ranks. My life is altruistic—its works are proof of that, and yet I am accused of being selfish. Rather contradictory.

Many Chiropractors assume that we should still continue to teach what they learned so they won't be relegated as a back number. This would stifle progress and would not be fair to science. Rather should they keep in touch with progress; study and move forward. Naturally those who object to growing cling to the old moves and fight for them, for it is all they know—they are in a rut, although they assume they are tracking straight.

The greatest contention raised today by the majority of Chiropractors in opposing my position is that I do not

teach these moves. There are reasons why I do not. The principal conclusion is that they are damaging, compared with the successes of today's adjustment. I am trying to promote Chiropractic as a good to mankind. It is a well established fact that the world needs Chiropractic. The world is sick, it is groping with their heads, hearts and hands upside down, and they need Chiropractic to set them straight with themselves. If I find any move which will counteract a good result I discourage its use. By so doing I evidently hurt someone's tottering ambitions, but I protect mankind against selfish aggrandisement. What are the hurt feelings of one man compared with the respect and appreciation of multitudes? Better lose present friendship than to hurt future mankind.

It can be established that the art of Chiropractic went through a characteristic phase of growth, and today we have reached the highest type, not but what we may grow tomorrow. We should utilize the latest growth of that science and art rather than some of its earlier phases. Youthful ideas may be good, and if they are nearer truth, of more value than the latest ones, I do not believe in dismissing an old idea because it is old, or of accepting a new because it is new, but to accept the old or new because it is better, more practical, less risk of damage in its use, and because it reaches more of the truthful and accurate way of readjusting of vertebrae is *The P. S. C. Toggle Rocoil* of today.

I speak of this as an "exposition of *old* moves." They are *old* moves because they have been worked, threshed, fought out, and thrown aside. We don't like to retrace steps. Some of the moves were used twenty-one years ago. Others have had their birth in subsequent years. At the pinnacle of all this growth of experimentation in the adjusting of vertebrae is *THE P. S. C. Toggle Recoil* of today.

I do not know why the majority of the student body, or the majority of Chiropractors, do not give me credit for being sincere in my work, or why they should question my statements. My life is one of sincerity and absolute frankness; and when I make the statement that a move is an "old" one, and that it is damaging, it seems, based upon experience, that you should have confidence in me. Not that I am above question, but that what I stand for is. I can't see why what I stand for should be questioned; I cannot see why the boys should say I am living a monetary life when every action contradicts that statement.

I could invent new adjustments and advertise to sell them for five to five hundred dollars each, as well as anybody else, but that is contradicting a principle. And you won't find me compromising a principle for even one dollar

of your money. I have never had the opportunity to find my price, but I would find out if it ever should come. It is said that every man has his price. I would like to have the opportunity to know just how much a man would have to put up before I would convince him that I had no price. Some people can be bought cheaply—they are cheap. There are those who hold their science beyond price; they put their art beyond the touch of money; they have no price.

I am going to give you, in this book, over $9,000 worth of moves, and then I am going to throw in $1,000 more on top of that. In other words, if you were to buy, at the regular market "value" cost of the moves that I shall show you in this series of old moves, according to the price put on them by their promoters, you might get out with about $8,775 of goods. It is peculiar that I should give away for $250 $8,775 worth of goods, is it not? On the reverse, you are receiving for $250 something far beyond monetary value. It is so valuable that it is priceless, and that is the truthful way, the essence of Chiropractic truth, in its simplicity and grandeur, of how to restore health.

Another reason that I do not advise and teach these *old* moves is that they *are not in conformity with the fundamental principles of the Chiropractic of today.* The fundamental is to study how a subluxation was produced and then reverse the order. Anything which does not conform to a *reversing of the order in which a subluxation occurs* is contrary to Innate Intelligence, and Chiropractic is Innate Intelligence personified, as far as we can make it.

In my capacity as Secretary of The U. C. A., I am called upon as an expert witness. I have been sworn in as an expert on medicine, as if I had diplomas from the largest and best medical schools; I have been sworn in as an expert on osteopathy several times. My opinion has been asked upon all three sciences as an expert witness; I have been asked to define the differences, and I have done so. When I am called on the stand and asked whether what the patient has said was Chiropractic or not, and I find that there was the introduction of some work which was *not* in conformity with the principles of Chiropractic, then I, as a truthful scientist, trying to be a help to humanity, must say, "It is *not* Chiropractic," regardless of whether it is damaging to our case or not, for science comes before cases. This particular case is for the benefit of one man, and in a science we are aiming to benefit all mankind. The man must get in line with the science, not the science in line with the man. In other words, the man must get in line with law, for law never comes down to the subserviency of man. That is my position in all trials. Chiropractic is interpreting a personified law. So you will see my position as I define it when called as an

expert witness. Taking that stand, I must be consistent with myself, scientifically, by defining in my mind carefully, thoroughly, considerately, what is and what is not Chiropractic. Then I must be consistent in advocating and using before you what is and what is not the best in Chiropractic.

Chiropractic is a far-fetched form of surgery, and it is distinctly not surgery. In my library you will find the finest collection of orthopedic books in the world. I have copies of books going back three hundred years. I have also the modern works on the subject. I presume no one has quite so thoroughly studied the subject of orthopedic surgery and reviewed its works, for some day we will have a big battle on the question that Chiropractic is surgery, for surgery sets bones. Here is where technical points will weigh the evidence and win or lose the case.

Orthopedic surgery was originally a correction of deformities in children; in later years it was enlarged to take in every form of deformity in children and in adults. The correction of deformities is a slow, steady, gradual, persistent pressure, twisting or wrenching, breaking or racking, of bones into place. Chiropractic introduces a principle of work *that is not known* in any phase of surgery. It starts with an original new principle, a new phase of the old law, and that is the sudden, quick, emphatic piano or typewriter touch, that toggle recoil movement which contradicts any principle involved in surgery today. The nearest approach to the Chiropractic work is the setting of a fracture or a dislocation, and that involves only the principle of surgery. I have gone at great length in Vol. 1, *The Science of Chiropractic,* new edition, to define the contradiction of the difference between orthopedic surgery and Chiropractic orthopedy, making a broad line of distinction—and in this connection with the old moves I want you to study that reason.

In the sixteen years observing the working of Chiropractic I have seen hundreds of moves tried, used, and invariably all come back to *The P. S. C.* way of doing things. It is irresistible—*if* they want to get *the* BEST results. Ninety-nine per cent of the moves involved are involving the principles of orthopedic surgery. It would be a hard matter to introduce evidence from a broader standpoint to show that in spite of these sincere workers, working towards Chiropractic, they have been working backward. It is easy for mankind to slide back to precedent, all involution works back "to type," but it is a hard, laborious task to work up hill. The old saying, "Any old fish can float down stream, but it takes *a live one* to swim up," applies to Chiropractors. Osteopathy is based upon the principle of orthopedic surgery. Everything in Chiropractic works to speed; orthopedic surgery is a slow process.

The greatest difference between the majority of old move work and Chiropractic work (for I do not make a distinction) is in the way in which it is accomplished, one being a slow and the other a quick process. As Brother Linniker, at the Morikubo trial in La Crosse, said, when he was asked to give a simple definition of the difference between Chiropractic and osteopathy: "Suppose there was a stone wall crossing the street, and I wanted to get on the other side of the street, and I could not crawl over. If I were an osteopath I would go up slowly and push the stones, trying to bat my way through. But the Chiropractor goes back, takes a run, and hits the wall with great velocity, and by that very velocity he shakes the foundation, and with that very concentration of velocity the concussion fells the wall. The difference is, one man stands up to his wall and pushes; the other takes a run and butts through."

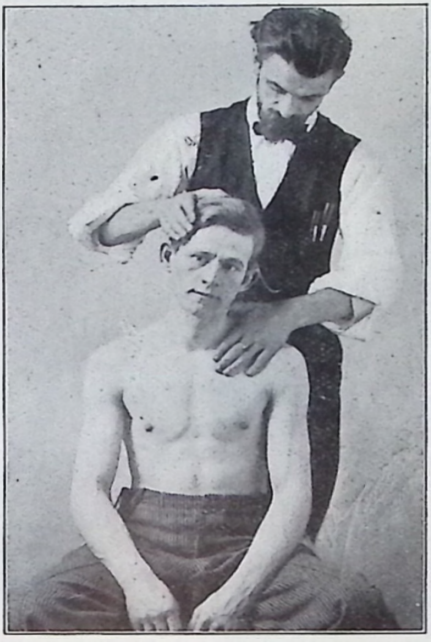
MOVE NO. 1.

This is a single, transverse lateral cervical adjustment, utilized for the first time about nine years ago. It is given by placing the tip of the thumb on the transverse process on any cervical vertebra, swinging the head to the side being adjusted.

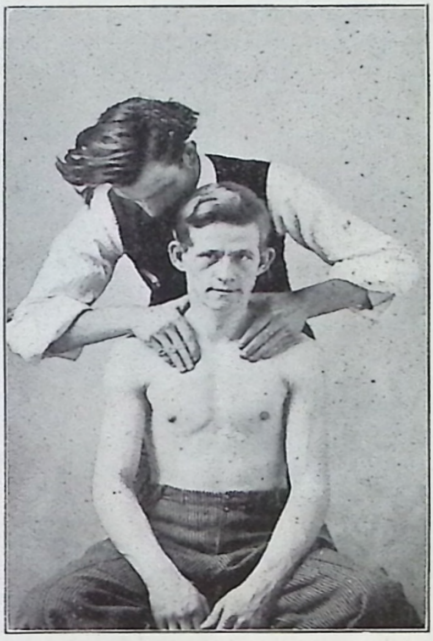
The idea was to get the tip of the finger on the transverse process of the vertebra above. Taking the head and twisting it toward the side being adjusted, also the same on the opposite side. The object was *to shove* the vertebra to the opposite side and by so doing aim to spread the distances between the transverse processes. If there was a pressure upon nerves on the right side, then, regardless of which way the subluxation was, the finger was placed upon the left transverse process and the movement given upward or downward, with the head on that side, aiming to spread the transverse processes, or the two distances between the two transverse processes on the one side.

This movement was given in a slow, shoving sort of way. It was a question of strength. There was no speed. There was a gradual bending of the head over, pushing in on the side. Of late years this move has been modified to be done with speed, although its use is dangerous because of the tremendous leverage.

In the passing, let it be noted that the low, one-piece table shown in some of the earlier move illustrations is the first Chiropractic table ever made. The same was made for D. D. Palmer close on to twenty-one years ago. It is



Move No. 1



Move No. 2

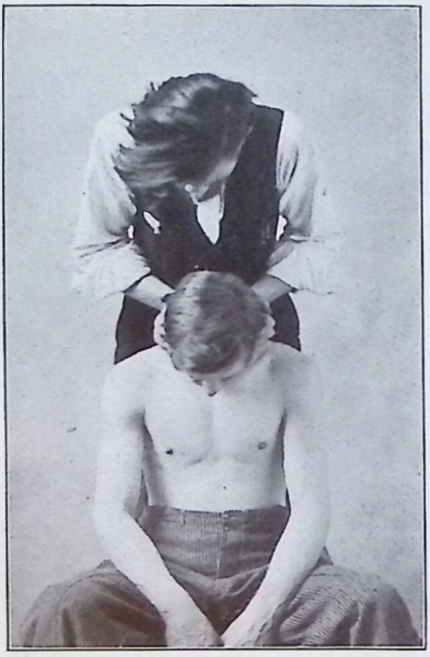
now in the possession of The Palmer School of Chiropractic. It has been placed in our museum of the earlier things connected with Chiropractic.

MOVE NO. 2.

This was an outgrowth of the single transverse into the double transverse cervical adjustment. The idea was to take the tips of the two thumbs, place one on each transverse process, then catching in front with the four fingers of each hand, thumbs catching on the sides, push the transverse processes slowly and gradually upward, at the same time aiming to pull the muscles and stretch the neck. You will find this move illustrated in a number of orthopedic books on surgery.

MOVE NO. 3.

This is a double transverse cervical adjustment given from above downward. The head was dropped forward. There is where the first early work of the heels of the hand came into play on cervical work. The heels of the hand were placed upon the transverse process as you see them. Then



Move No. 3

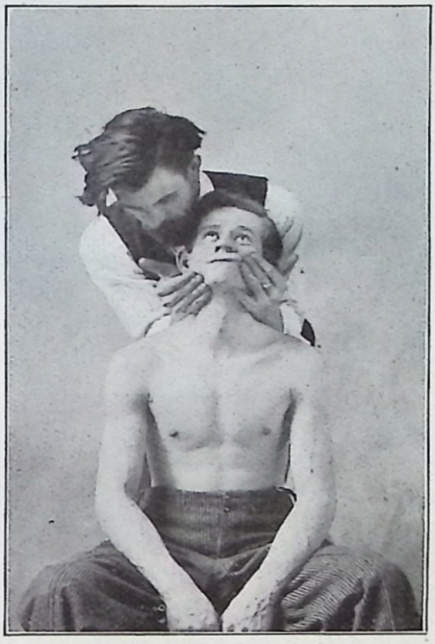
the work downward was given with a slow pushing motion. The aim was to get both sides equal in pressure, to separate that vertebra from the one above and open the foramina between.

MOVE NO. 4.

Practically the same as No. 3, with the head twisted backward, catching the transverse process with the heel of the hand. The extension of the neck was added. In orthopedic surgery you will find extension and counter-extension used in almost all work in relation with the spine, and here we have it involved. Catching between the heels of the hands on the transverse processes, the fingers are placed under the chin, and the fleshy part of the ball of the palm on the occiput or on the mastoid process. The movement was one of pulling the head up, at the same time catching

under the transverse process pulling. The movement was a slow, steady pull, the object being after you had the head up to hold it there on a tension until the vertebra moved into position.

You will find this principle involved also in orthopedic surgery, with the exception that instead of doing this work by hand they had a contraption, clasped around the head and with two metallic arms, modifying the positions to change the motion, letting the man hang from the ceiling.



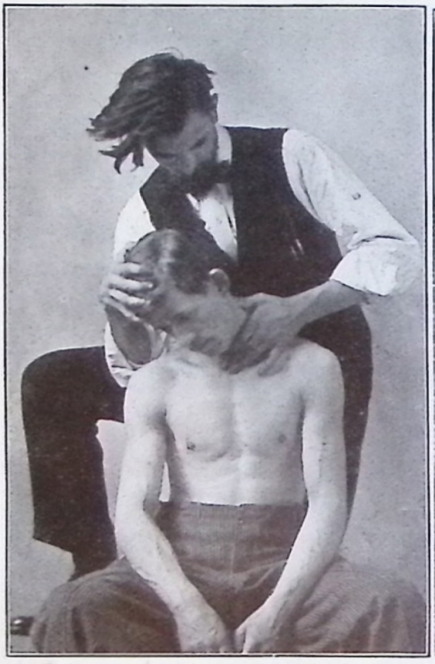
Move No. 4

They could leave him hang fifteen minutes to an hour. The difference between this line of work and that of orthopedic surgery was they involved the same principle with the exception that they tried to do everything by machinery, to do as little personally as they could. In this work, it was trying to be done by hand to conform to the original name of the science. It *was* hand work, but *the principle* involved was the same.

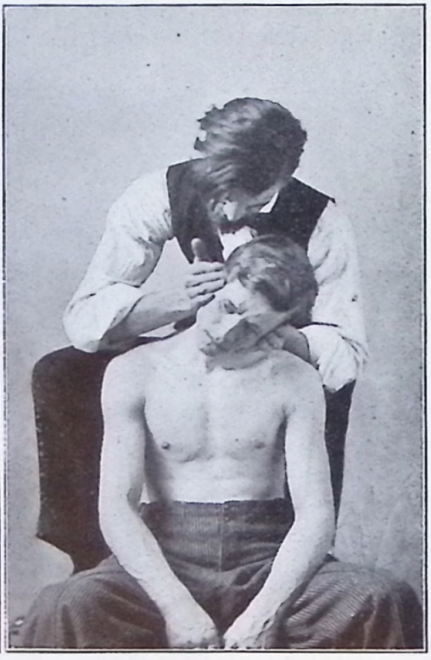
MOVE NO. 5.

Then, at a later period, another worker appeared and brought out another idea involving the same principle, or lateral cervical adjustment, with the exception that he

thought it wise to gradually twist the head when the slow pressure was given, holding his pressure with the thumb, bringing the head back, getting an added leverage, because he has already supposed that he has moved the vertebra a certain extent. He comes back again on the rotation, supposing that he has moved his vertebra just a little more



Move No. 5



Move No. 6

than it was before. Coming back again, he takes it through another turn. It is presumed that when you had gone back on the third trip you have *pushed* the vertebra where you wanted it. (This illustration will be found also in Murray's book on Osteopathy, page 15.)

Notice the change also from the left to the right, working it upon any vertebra in the cervical region from the atlas to and including the sixth. This work was hard and laborious. Man, as he always does, tried to improve, to get better results with less work, but even here you have the hard laborious work of bringing that head around, at the same time pushing with the thumb. This same work is accomplished in orthopedic surgery by a machine known as the head rotator, with the exception that the individual lies on a flat table. The motion is to one side around the head, and is run by a spring—that is, the earlier models were—

the later models are being run by electric motor. A tension is put on the head and worked from side to side, rotating the head at the same time with this rotatory movement. A screw arm was used, with a pad on the end, which could be adjusted on a universal joint and placed at any point in the neck you want. As the head rotates, a man, standing at the side, gradually works down the screw and keeps pressing more and more on the neck.

MOVE NO. 6.

In this move we have involved an expanded idea. In fact, all through the majority of these moves there is a foundation of Chiropractic idea, which was to replace the vertebra that you released pressure upon nerves. That was the fundamental intention. It is best accomplished from a comparison with other sciences which have preceded. If it is shown that a duplicate phase is being practiced by orthopedic surgery and it fails to accomplish its purpose, then we would fail to accomplish it here because we find it a true counterpart. It is purely a question of brute strength against brute resistance. In this movement the left (or right) hand pushed down, and the right (or left) pushed up. The direction of movement of the hands could be reversed. There was nothing rapid in this work; it was a slow, gripping move in that direction. The object, of course, was by inference that there was a pressure on the left and we wanted to open it. If you will carry in your mind the picture of the vertebral column, you will see just what the aim and object was.

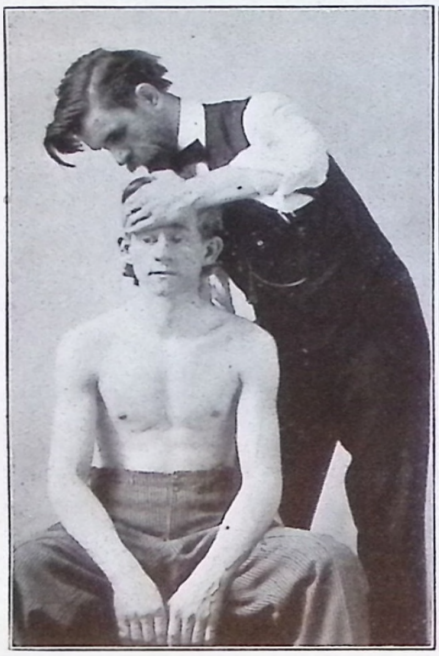
At a later period another worker suggested that we rotate the head in this work, but even that didn't seem to get the desired results. (See page 14 of the Practice of Osteopathy, by Murray, for a duplication of this work.)

With the same move of the head twisted on the transverse adjustment, you will find on the opposite page, this being a recognized part of the practice of osteopathy. I am only showing you now the results of comparisons in five books that I picked up within a half hour out of some fifty books on osteopathy in my library, so if I were to go through I could give you an endless system of comparison of how many of these moves are distinctly osteopathic.

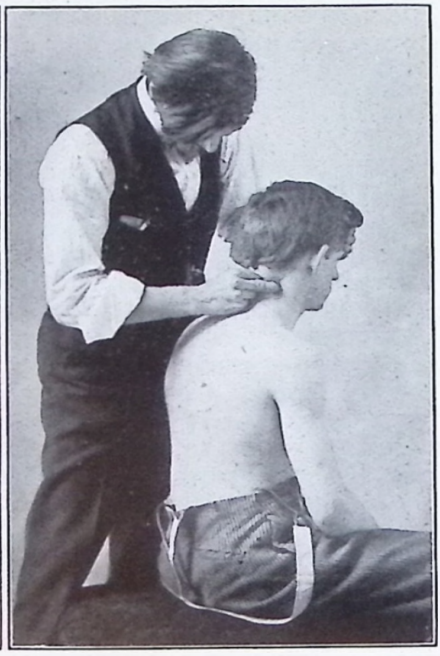
MOVE NO. 7.

This illustrates a pressure on the transverse process of the cervical, the aim being to grip them so tightly, locking the hand on them so firmly that we held them as a fixed point.

Then the head is worked from left to right, moving the vertebra above, with the thought that in so doing we could twist one vertebra and its articulations upon the other, so that if there was a subluxation, by this twisting process we could push it back into place. In the illustration the thumb of the



Move No. 7



Move No. 8

left hand is placed upon the transverse process of one vertebra and the third finger of the same hand on the opposite transverse process. The neck is gripped tightly, holding that as a fixed point; then the head is worked from left to right on that, thinking that by so doing one vertebra would be pushed and twisted on the other. There is nothing quick in this work. (The same move will be found on page 106 of Barber's Practice of Osteopathy.) This movement was used by a few Chiropractors ten years ago and called Chiropractic at that time.

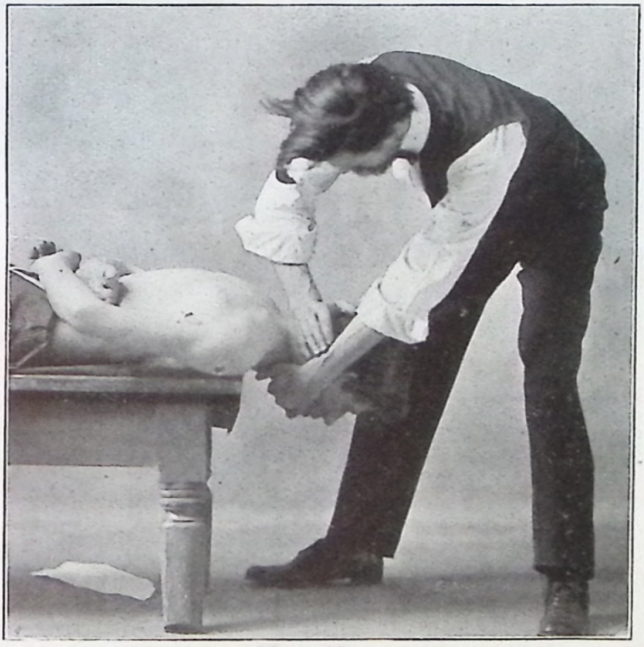
MOVE NO. 8.

This movement was practically the same as No. 7, with the exception that the head was extended, trying to separate the two vertebrae at the same time of rotation. The fundamental principles of the movement of the spine were flexion, counterflexion, extension and counter-extension, and

rotation. The gripping of the transverse process remains the same, the head being rotated the same as before, with the exception that the movement of both hands is upward, aiming to pull the head in that direction. (On page 28 of a Manual of Osteopathy, by Edward Goetz, you will find the same illustrated and described.)

MOVE NO. 9.

At a later period many peculiar features came in while working on the table. Here is one of them. The left hand grips the chin, the right hand placed on the neck—no definite form—nor was there at that time any conceived idea of the nail point. The idea was to get the hand in "on the neck." Starting with the breast of the patient on the table, pull the neck upward and rotate it, pulling all the time, working



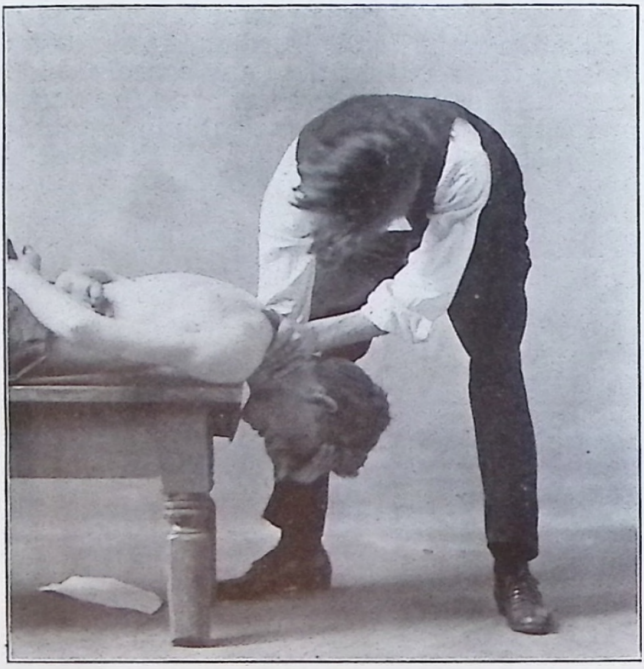
Move No. 9

from side to side. The idea was that by so doing you would push, pull or twist something into place. Occasionally some "remarkable good" was accomplished. The percentage of work was low, but it accomplished more by accident than by design or intention.

The progress of this work is that of quite a number of thinkers. No one man schemed all these ideas—no one man would be quite so "foolish," but many a man had his hand in the pie, and, so many men—so many minds, and so many opinions.

MOVE NO. 10.

At a later date another thought it would be better that a greater stretch could be made on the neck if the head was dropped forward, down. Here the same move was involved with the exception that the head was dropped down and the pushing of the right hand was against the occiput, pushing downward. Then the same movement was gone through, twisting the head around to the side, first one and then the

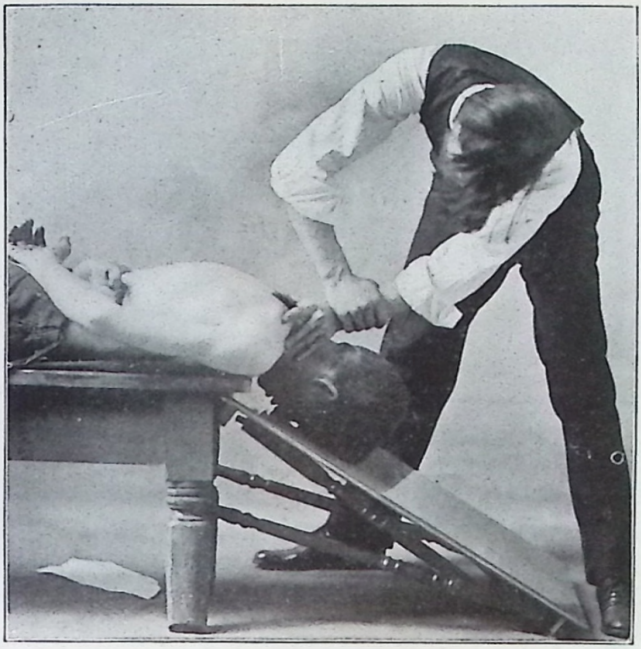


Move No. 10

other, as far as they could. This work was accomplished from both sides, changing position. In any event, the idea was to add the factor of greater stretching, involving the principle of extension, counter-extension, flexion and counter-flexion, and rotation, which are the patented grounds of the orthopedic surgeon. Without these, orthopedic surgery would be nothing.

MOVE NO. 11.

At a later period of time, a scheme was brought out to place a board slanting from the inferior portion of the front table, and the superior portion of the front end of the table was raised upon the floor in a slanting degree. This made a foundation upon which the head could rest, keeping it from



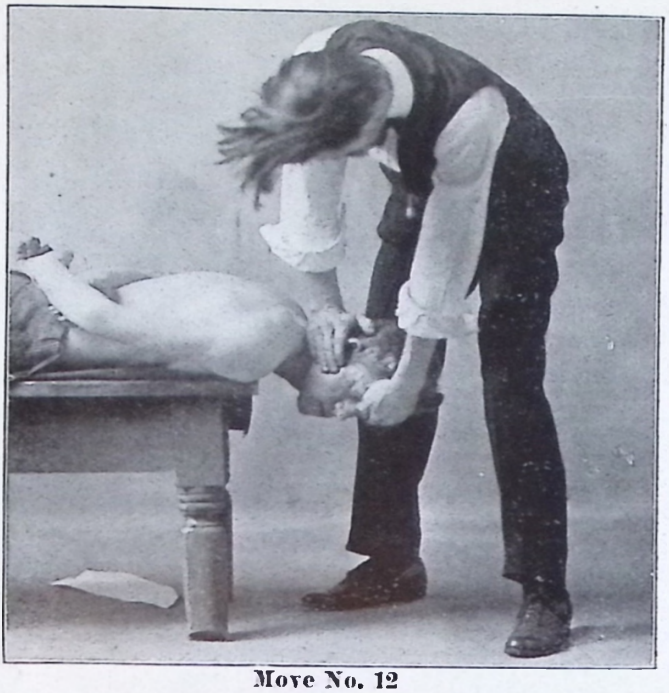
Move No. 11

moving. Then a downward direction pressure was placed on the occiput, stretching it downward, and the opposite hand then gave the movement on the neck, as you see it here, and getting the opposite hand in, giving the movement.

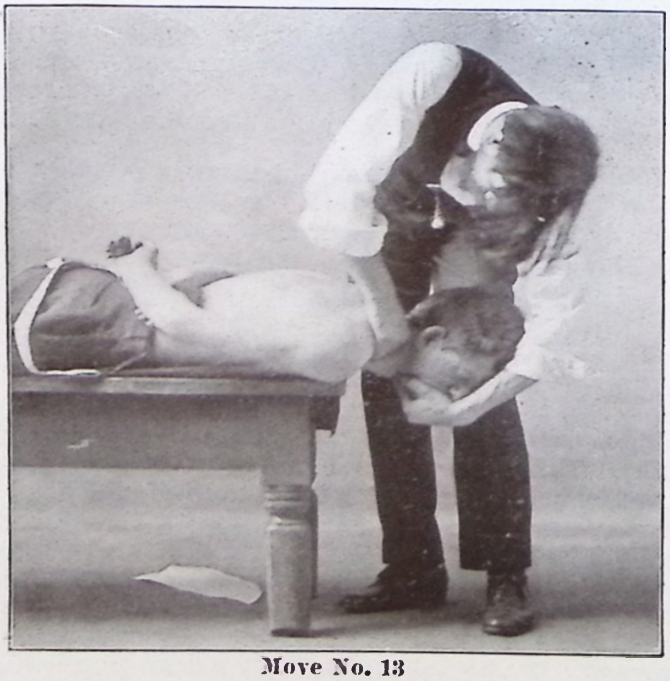
We found this rather hard on noses. I well remember seeing the board that was used for this experiment had a red mark that ran from a certain circumscribed spot down to the floor, so that more than one nose bleed was induced by it. It was known as the N. B.—(Nose Breaker).

MOVE NO. 12.

In this movement we have the added condition of working with the transverse process rather than upon the spinous. The movement was given with the side of the head braced against the knee, the left hand gripping the forehead, practically on the side, the head on the right side resting against the knee. Then in this position the right hand was placed against the cervical vertebrae on the side, and the slow downward pushing movement was given, slightly rotating the head upward.



Move No. 12



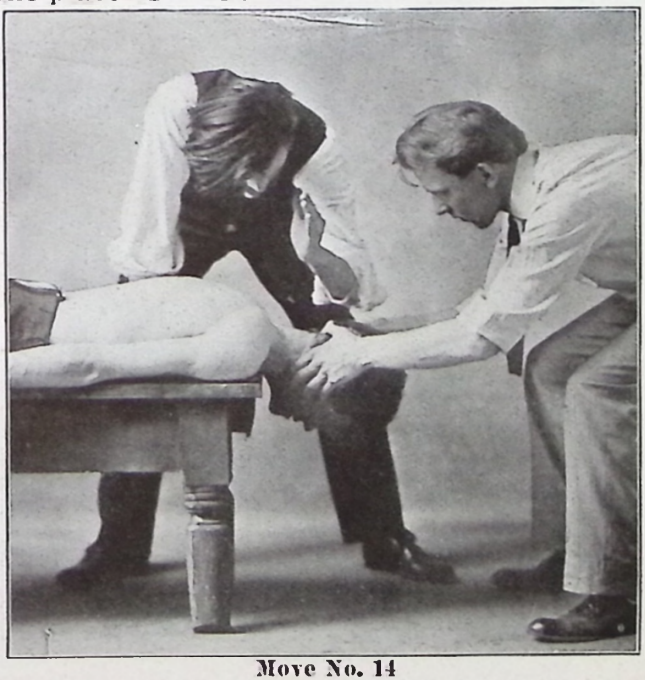
Move No. 13

MOVE NO. 13.

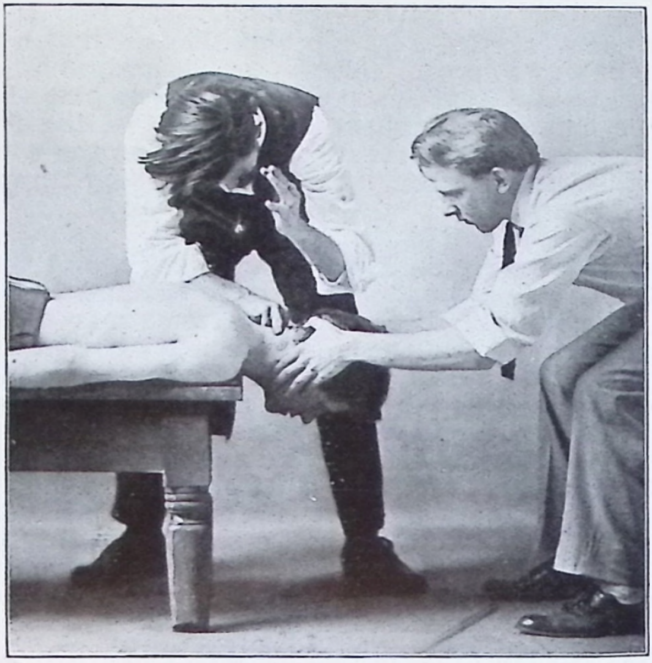
Another worker at a later period thought that was hardly the right way to accomplish the end desired, so he schemed out a slightly different system, which was to place the hand under the chin, the forearm resting against the forehead, pulling the head up in the shape shown, at the same time getting the thumb in on the cervical, pulling upward and pushing downward.

MOVE NO. 14.

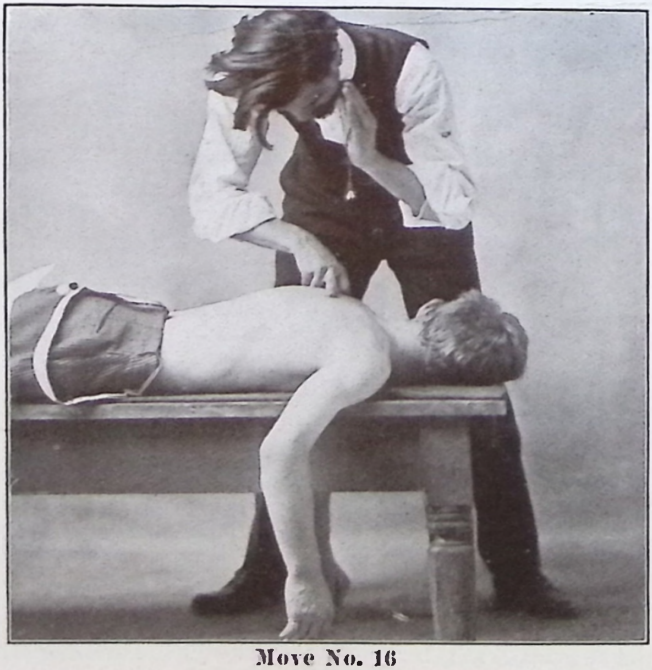
Somebody nearly run onto a truth once, and this move was called the clip adjustment, or as it was nicknamed, "The Rabbit Adjustment," because of the same movement being used to kill rabbits. In this movement the attendant pulls the head toward himself, pulling good and strong. The only thing utilized in this movement was the raised hand to get the flat edge to come down on the neck in a forcible manner. Not enough force was utilized to do a great amount of damage, yet I have known people to get blue before the neck was twisted to get it back into proper form. You have seen in the side-show the man who had a sharp sword who would cut an apple lying on the arm of another person, cutting the apple but not the skin. That was the condition we had here —use just enough force to adjust something and not displace anything. There was nothing accurate in this work, because if you should happen to lose your balance you were liable to hit one place as well as another.



Move No. 14



Move No. 15



Move No. 16

MOVE NO. 15.

Some man conceived that this was not Chiropractic—that it was not quite specific, so he invented the idea of letting one finger rest on the vertebra that you wanted, then the opposite hand hit the finger and the finger hit the vertebra in the manner illustrated. The attendant at the same time, of course, pulled the head, introducing the idea of extension. This idea was utilized all along the spine.

MOVE NO. 16.

In this movement the middle finger of either hand was placed on the bump and the other hand hit it from above downward. This was and was not satisfactory. It soon went the way of the rest.

MOVE NO. 17.

This was an attempt to get something onto the spinous process of the vertebra involved, and then give the adjustment. The idea was then to merely find a bump—it didn't make any difference what kind it was, or which portion of the spine the bump was in—it was simply a question of finding the high spot and hitting it. The work was done some-

Move No. 17

what by visual means, working up and down and finding the high spot. Take the hand, cross in on the ball of the thumb to the heel of the hand, then in that crossed position place it on the high spot. The opposite hand was bunched up into a fist, and the fist hit that hand. This movement was found somewhat effectual. It oftentimes did move a vertebra some.

You can see in some of these attempts there was some indication of speed, and yet why that speed no one knew. There were always some students in the school and field who could not get away from the push which they thought necessary.

MOVE NO. 18.

There have always been students who had the idea that to accomplish anything we had to stretch vertebrae, pull them apart; that unless they were separated by manual or mechanical means you could not move one in between the other two, so there were investigators who went so far as to

Move No. 18

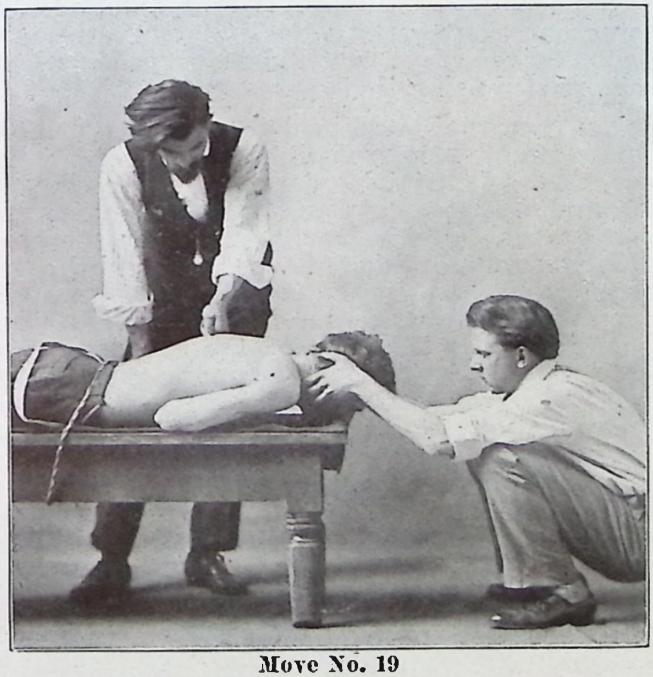
put a rope around the hips, tie the patient and lash him to the table. Others had straps which they fastened above the innominata, then around the table, pulled it good and tight, and in that position had the assistant pull the head, stretching the spine between the rope and the head, and then while separated, the movement was used. The folded fist, with the

palm pressed against the fingers, was placed along the sides of the spinous process on one side or the other. More slips were made than moves, but you can see how ineffectual that work was. Yet through it all you can see the workings of many minds and many thoughts.

MOVE NO. 19.

Another worker schemed along the same line and agreed that the proper thing to do was to spread the vertebrae. He went so far as to tell his patient to put his arms under the chest, then with the hips tied and the head being pulled, you can see where he was pulling up over a wedge, stretching the spine naturally. Then in that position, the same movement was given against the sides of the spinous process.

In this work it was simply a question of a push. There was no attempt or thought of speed; just a forcible push—and you can imagine sometimes with some people about how much force you would have to use to push vertebrae into place. I cannot refer you to an exact duplicate of this in



Move No. 19

orthopedic surgery, with the arms folded under the chest, but I can show you the strapping process, where a machine was made which clasped to the sides of the table. It had an entension arm, and from this had many arms which pro-

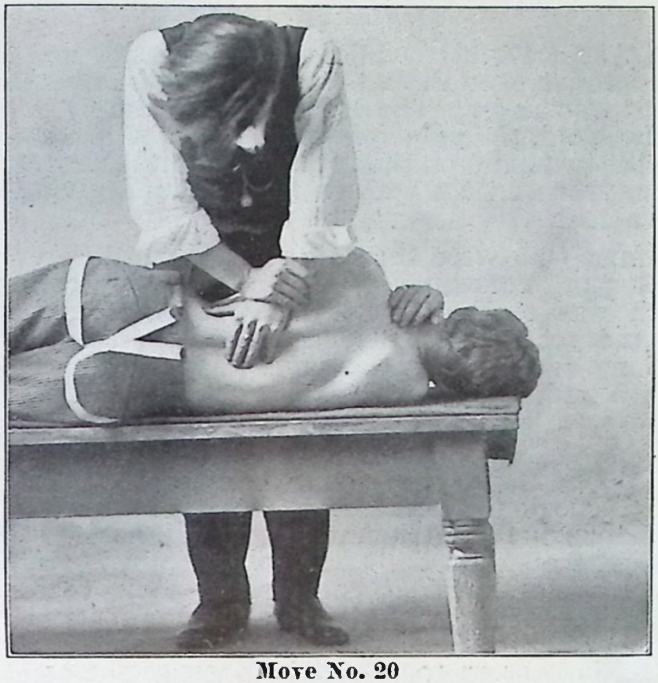
jected downward, which were placed against the "bumps" and screwed there. For instance, it may be a certain patient would have four or five bumps in his spine. He was put into this steel jacket, as it might be called, and a half-dozen different arms screwed down on a half-dozen different portions of the back, and different degrees of strength manifested on the spine.

At a later time the Minnesota pseudo went so far in the application of this idea as to make up their adjusting tables with feet receptacles, into which the feet were set and strapped as the patient lay there, then fitting on a leather jacket, which fastened around the body at the armpits and head and stretched by a windlass, which pulled the whole anatomy towards the head of the table. Then they had a scale installed to show how many pounds pull they were giving. I have known them to go as high as 250 pounds. The object was to make it easier "to tear the ankylosed vertebrae apart." The error of that can easily be figured. When everything above and below the ankylosis is separated the ankylosis stays together. That which gave was the vertebrae already separated. I exposed that fallacy in St. Paul when I was questioning the advisability of "the new traction table." Yet today you will find people calling themselves Chiropractors still using that system.

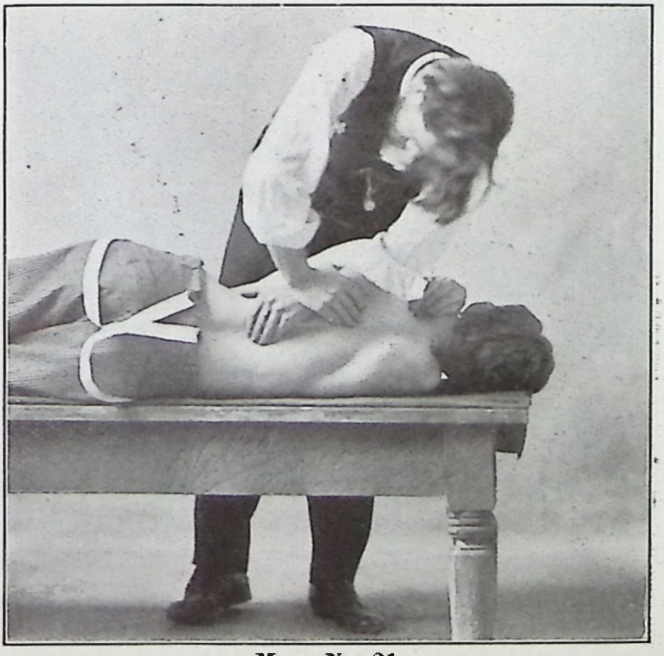
But even then that work had to go through its various phases. They went farther than this. They had the stretching device, then a long table operated by electricity, with a series of window curtain rollers, only larger, and you laid face down on that. While you were under the stretching proposition you were on the motor rollers, and this kept you in a constant state of quivering while the adjustments were being given. Their idea was that it kept the vertebrae jumping up and down, and that moved the vertebrae into place easier. I, of course, can't show the apparatus in photographs as I haven't one, nor can I illustrate the move. Their table was patented and sold for $250.00. I didn't have that much money to waste, so I haven't one for illustration. Occasionally you will still hear of one of these being used in remote out of the way places.

MOVE NO. 20.

During the earlier years of this work we schemed all ways to adjust vertebrae. One of the ways brought out was to lay the patient on his side, rolled slightly towards you. The hand was placed in as near as you could on the superior side of the vertebra which would be the transverse, and then push downward, with a slow, steady, heavy movement. The idea was to push the vertebra over into alignment.



Move No. 20



Move No. 21

MOVE NO. 21.

This was a slight modification of No. 20, and perhaps had advantages over it. At least it had its adherents, who thought it was better. The difference was simply in the placing of the hand, *the principle remaining the same*—namely, to place the one hand on the transverses and the other on top of the one, rather than both on the side, and giving a push-like movement.

The men who were threshing out these different moves did so through correspondence, or personal meetings, etc., and each was emphatic that his was right and the rest wrong, and yet they all played *around the same principle*, and so long as that was the same and only the movement varied, we had not accomplished much in progress.

MOVE NO. 22.

In this work the head of the patient was held in the clasped hands of the attendant, as you will notice. The head lies over the edge of the table, practically horizontal. A pushing movement was given on the neck, taking it for granted that the head was still in a fixed position. The idea was to get enough weight so that the neck would swing downward. I have known some people to get so far as to practi-

Move No. 22

cally put all their weight on that neck and feet off the floor to get enough force to push the vertebra into place.

So, in all of the earlier processes of this work, it was simply a question of push, although occasionally somebody would suggest the question of speed, and hop right off again. It was done so quickly, however, that they thought that there could not be anything to it; it was done so easily that it could not get results. By comparison, I have known two men to argue for hours, one for a slow push, and the other for a quick startling movement, both, though, finally agreeing that push was the goal to success.

MOVE NO. 23.

This was another man's scheme to improve No. 22. With the head twisted, the degree of the twist being according to

Move No. 23

the degree of the laterality of the vertebra, then the hand was placed on the transverse and the pushing process again introduced.

MOVE NO. 24.

This was an "improvement" on the "clip adjustment" previously shown. The patient sat up, throwing the legs off the side of the table, resting his body upon the elbows

in the position shown. We notice that this brings out the "spring" idea. This was carried on through the dorsal and lumbar regions, introducing the clip-like movement wherever the vertebrae were subluxated—wherever he would see a bump, there was the movement. That movement, of course, went through different phases. If the vertebra was found to the right, or the bump seemed on that side, the clip movement was always given towards the left, a kind of drawing movement like drawing a nail when hitting it. So the move-

Move No. 24

ment sometimes varied, but the idea of position was according to the use of the bridged strength of the body. They thought that induced more of a "jerk."

In these earlier years of work the line of thought was in a crude state, and it is hard for me today with the present conception of conditions to use the old phraseology of those times.

MOVE NO. 25.

Again, another man sought to improve that. He found that when his fist was doubled that he had one joint that was larger than the others. He saw a peculiar advantage if it

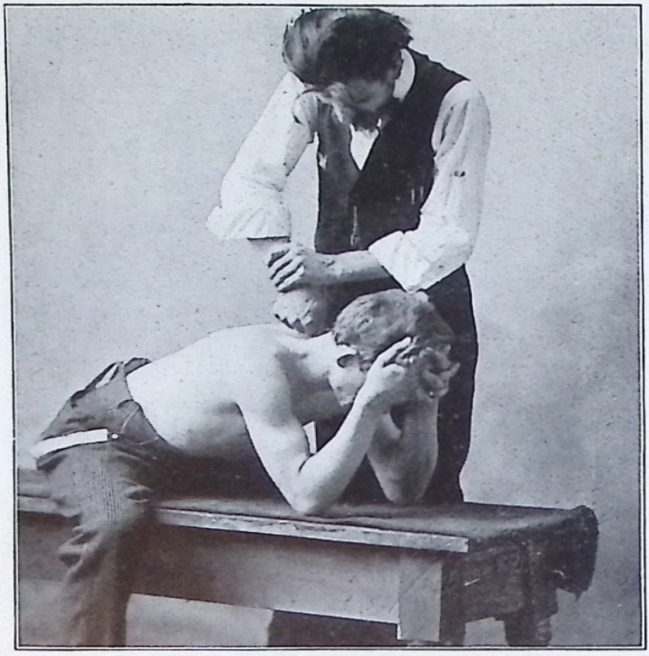
Move No. 25

could be put on the vertebra subluxated. He carried out the scheme so as to show the idea, placing it on the vertebra, and the other hand around the wrist, and pushing that one knuckle down into the vertebra. There you see again the slow steady push, being used on the entire spine. You see this movement began midway from the spring of the back idea, because no matter what position you had taken, you were not taking advantage of the body spring. It was simply a question of a push again.

MOVE NO. 26.

Another man thought the knuckle in question was not the right shape. He thought the thumb was better. He put the thumb between the first and second finger, then placed the ball of the thumb against the vertebra, and with the other hand pushed that vertebra into place—went along carefully, found another bump and pushed that.

In using Move 26 it was found that the thumb moved and was liable to slip, so another conceived an improvement, which he sold for $25. He sold the improvement while here at the school, and he got seven or eight of the boys to buy for $25 each. The improvement that he sold was merely



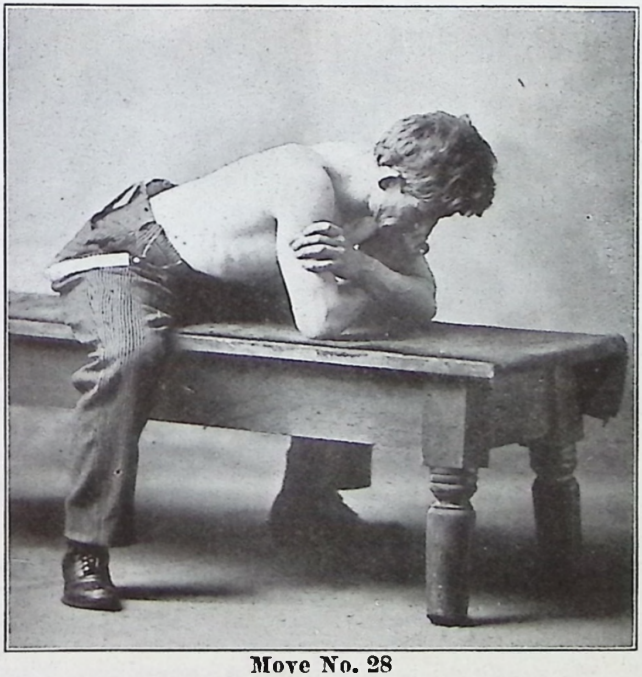
Move No. 26

the use of the thumb laid flat against the folded fist and held there by the opposite hand. Each boy who bought was "sold" and kept still, but it was an improvement. The thumb didn't wiggle, it couldn't wiggle, it was fixed, and he evolved therefrom an improvement. For a long time that idea was used and taught "on the outside." After a while the move became old and the price was reduced until it finally got to be a twenty-five-cent proposition.

MOVE NO. 27.

At another period of time this idea was again stimulated in the minds of a few students, a change which we did not countenance, did not think best, but another man began an improvement on that. That improvement was the thought that rather than put the high knuckle of a vertebra in the shape shown, the thumb ought to fit into a hollow instead of onto a bump. He conceived the idea of putting the thumb in between the hollow, from between the knuckles of the third and fourth finger, fitting into the hollow, and with that the push was made above and the fingers worked. You notice in all of this work that steady pushing movement clear through.

Move No. 27



Move No. 28

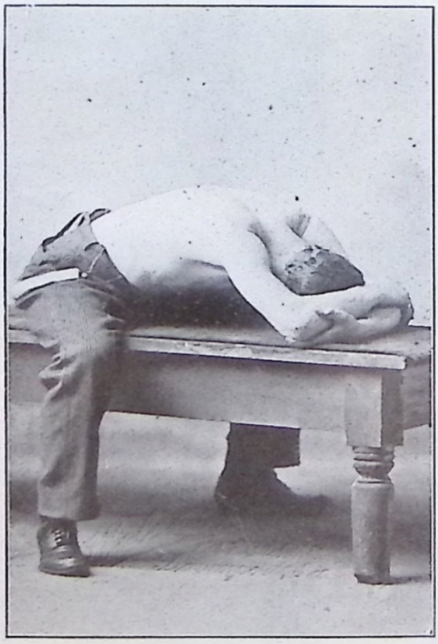
MOVE NO. 28.

The position of the patient became quite an important item. It seemed as though perfection had been established in moves—as though we could not progress further in that direction, so there was study made on positions, and the position, as illustrated, was afterwards brought out. This made it impossible now for the body to be shaken one way or the other. The arms were locked, the body became fixed, and in this position one of the many latest moves was used on the dorsal.

MOVE NO. 29.

Some man still thought we ought to stretch the body—thought we ought to bring in this question of extension, so he conceived the idea of the head hanging over the locked arms, and that stretched the vertebrae. Try it—it will stretch your whole spine.

Move No. 29



Move No. 30

While we have reviewed these moves so far somewhat quickly, passing over them rather hurriedly, yet understand each had its period of incubation and growth, in or out of school. In the school work we had to more or less take notice of them; we had to more or less use those we thought best; we had to more or less study each until we found that it did not meet our ideal, did not come up to our standard. Consequently, we made quite a number of enemies. Few people

move on. They move into a house, sit down and stay there. We were not content to sit still anywhere, and we are not today with our recoil. I am simply showing you the process of evolution. All these things had their time, went down and out, and the men who brought them out thought they were perfection, and were content to stay there, thought they had done a great thing for the world.

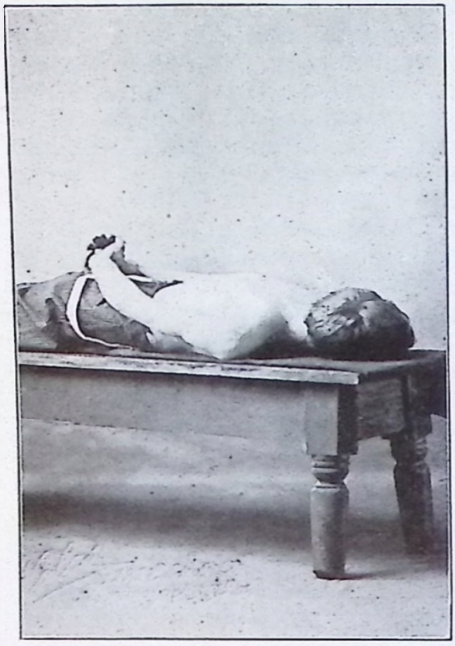
MOVE NO. 30.

With the patient in this position it was impossible for the spine to do anything but give, and when it did it acted like a bent piece of hickory wood. This gave the idea of springing in the back, and we took any one of the various moves, and sprang the backbone up and down. I could not see that this movement was exactly what I wanted, and probably for years, or even yet, that man is an enemy because I told him that I was not yet satisfied.

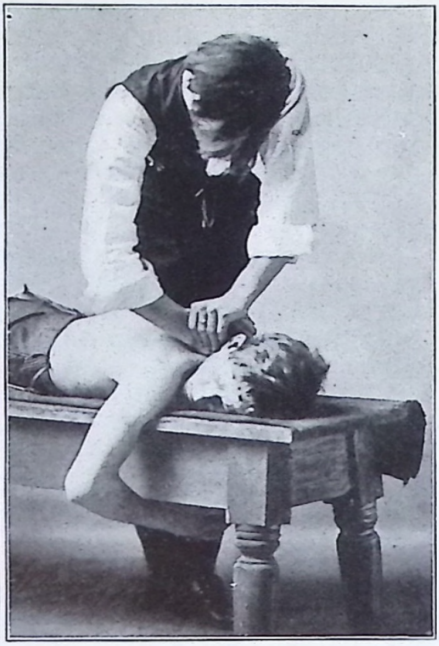
MOVE NO. 31.

This movement was for upper dorsal work. Another schemer figured on pressing the body, as illustrated, with the hands locked under the axillæ. This was to make a greater brace for the upper dorsal region, making more of the central spring that we had before, but which accomplished better movements in the spine.

Move No. 31



Move No. 32



Move No. 33

MOVE NO. 32.

You will be surprised, although a fact, that one man went around the country selling what he considered was the greatest innovation invented in the history of Chiropractic art. The idea was extremely simple, although he got a good many buyers. He sold the idea for $100 cash, and he would not tell what it was or give any hint as to whether it was a combination of moves, position, or philosophy, until you planked down, and the only thing was that he had his patient put his hands on the hips in taking an adjustment. He had no reason for doing this other than that he needed the hundred dollars. He did offer the theory that a person in such a position relaxed better when his hands were at the side. In other words, that man, like many we have everywhere, was a grafter. He made a lot of money with that move. He could well afford to travel around the country. But as is usual, with valueless goods, they sell but once until a new set of buyers are born.

MOVE NO. 33.

In adjusting atlas at a later period of time, dealing with the same principle of the shave-like movement, we placed the corner of the folded fist in on the transverse process, placing

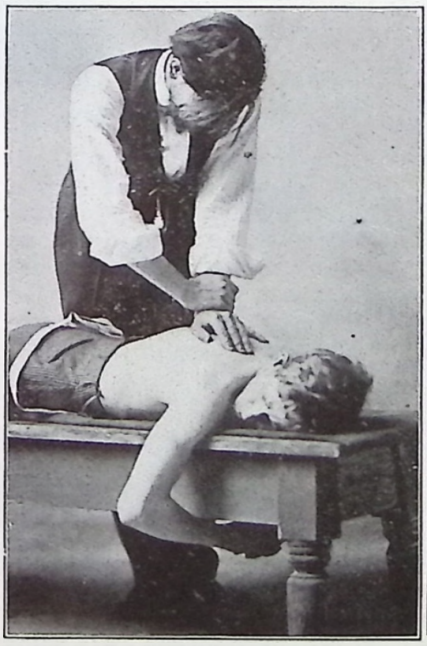
the opposite hand on top of the corner of that fist, and then over the patient, giving a more or less heavy push or shove on that transverse process, aiming to put the vertebra into place under that tension.

MOVE NO. 34.

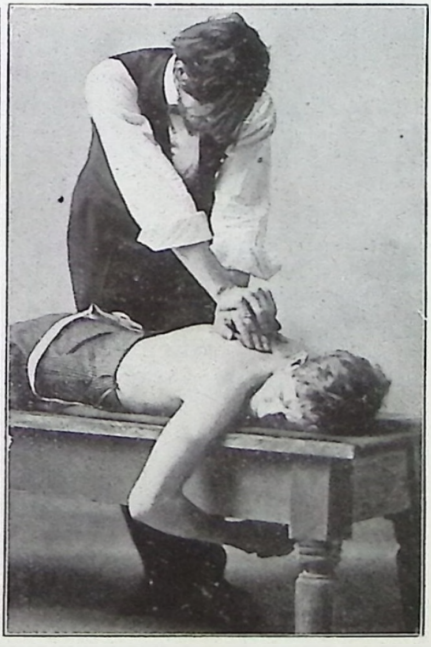
A movement which created some discussion at the 1908 convention was the "Coiner Movement." It was sold at the convention for whatever could be got for it. The movement is characteristic of many others, characteristic of an early movement in the field, with the exception that Dr. Coiner did change one little feature which it never had before, and that was the original position of straddling the vertebra, catching the hand on top, and then giving a little twist to the wrist.

MOVE NO. 35.

After Dr. Coiner demonstrated this work at the convention, a student of *The P. S. C.* made an improvement on the original, and sold it for fifty cents. The improvement was, instead of clasping the opposite hand around the wrist, he had it right, as per illustration No. 35, claiming we got a little more force in actual pressure at that point by that movement. That man made enough money during convention to pay for six months' schooling.



Move No. 34



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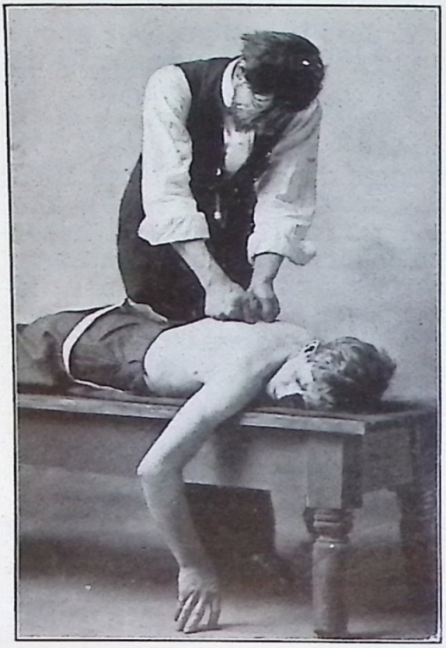
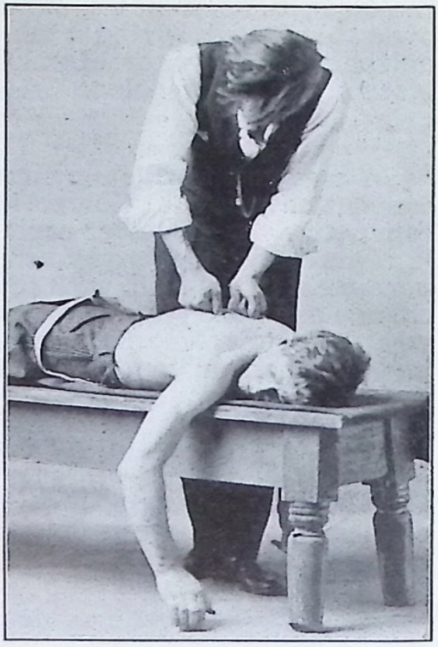


Move No. 36



Move No. 37

MOVE NO. 36.

There has been considerable thinking done, and ways and methods of adjusting transverse processes devised, in the dorsal region especially. I have shown you a few in the transverse process in the cervical region, and now will go through just a few of them in the body. In this manner it was carried out in two ways, one on each side, with the hands raised on the side. This one characteristic movement was with the fist folded and the movement was that of a steady push on the process. (In that connection, you will find the same move illustrated on page 68 of Goetz' Manual of Osteopathy.) The principle involved in this osteopathic manipulation was that of a slow, steady, heavy pressure.

MOVE NO. 37.

This was a slight modification of No. 36, made by a later worker, wherein a different transverse process was worked. For instance, we would have a right eighth transverse and a left seventh, and from above down, you can see that the adjustment should reverse. That is, the right eighth would come left, and the left seventh would go right. Thus they would be working against each other because of working upon two different processes contiguous to each other. That

scheme was worked out quite a while, always involving the push-like movement, heavily shoving the vertebra into place.

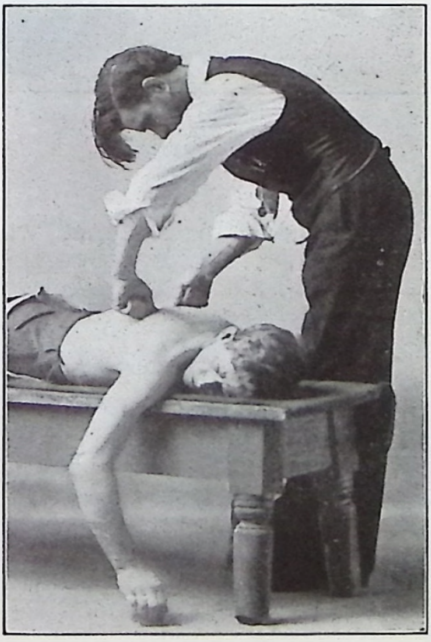
MOVE NO. 38.

Another man schemed and thought that pressures were induced by two transverse processes on one side being too close together, those on the opposite side being too far apart, and he argued that the only way to correct that position was to get on the side where they were too far apart, and with the thumb of one hand on the upper, and with the other thumb on the lower, then push them together. By so doing, he pushed the two vertebrae together, and opened them on the opposite side, and that idea was worked all up and down the spine, working them together. That was the only adjustment (?) that he used, and it is questionable today whether it was an adjustment or not.

I remember one man who, instead of doing this work standing in the rear of the patient or below, working up, always got to the head and worked from above. I could not see where there was any improvement in point of principle, but he thought there was a big gain.

MOVE NO. 39.

Two transverse were adjusted on the same side from the same side. This was done principally on the dorsal vertebræ.



Move No. 38

Move No. 39

Move No. 40

Move No. 41

MOVE NO. 40.

This was presumed to be an addition, as, for instance, we had had an inferior right eighth transverse and a superior seventh transverse; they were adjusted by bringing the two towards each other with the two thumbs, as illustrated.

MOVE NO. 41.

I take it for granted that the majority of you are well acquainted with the single transverse move, which is the placing of the nail point upon the transverse process subluxated, and giving a little quick recoil movement.

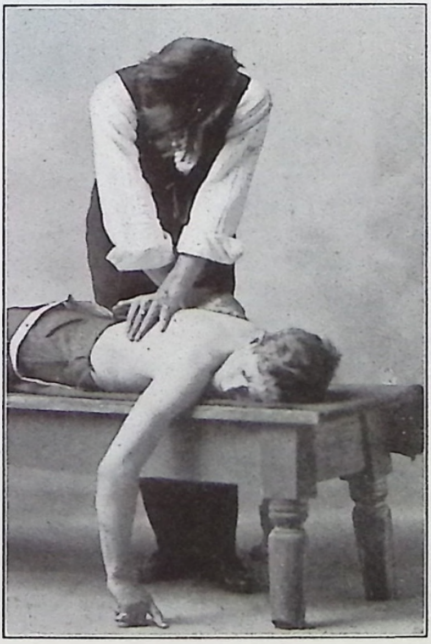
MOVE NO. 42.

The next move is that of the double transverse as it was worked out years ago, involving also the heavy pushing movement. The hands are crossed, the nail points upon each transverse process working downward. In later years this was resolved into a recoil, quick movement.

MOVE NO. 43.

This move, which was worked out and sold for a dollar, accomplished the same thing, as follows: The hands were folded, each nail point upon the transverse process, and the pushing effect given downward.

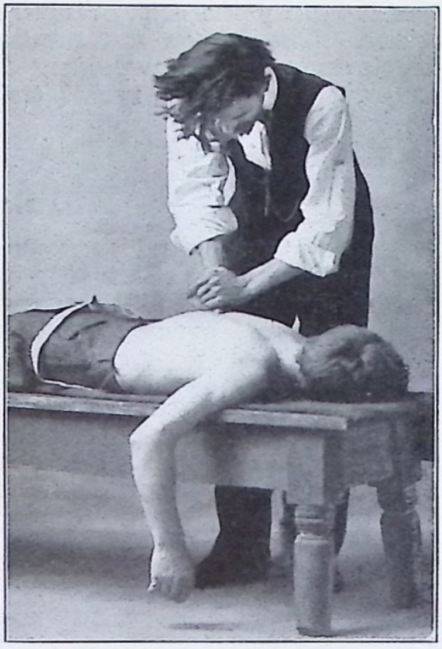
Throughout all this variety of moves, the work lacked specificness. It was labor—too much work. There was always that dissatisfaction bubbling up, we wanted to get this work down to specific science. Consequently, the thumb seemed to be the joint, and it came into place again in the manner here shown, being placed either on the transverse or spinous process.



Move No. 42

Move No. 43

Move No. 44



Move No. 45

MOVE NO. 44.

It was not surprising that at another period of time we should find this principle being involved of placing the thumb upon the process that existed as a bump, placing the other hand over the bump, and giving the movement shown here. It still contained that slow, steady pressure idea.

MOVE NO. 45.

We wanted to get away from using such a broad surface of the hand, always aiming to get down more specific, and as little touching of the surface of the hands as possible. The hand was eradicated, and the thumb placed as shown, gripping the other hand around it. Only the thumb was touching now. You can get quite a heavy push in that form, more so than you would actually think for.

MOVE NO. 46.

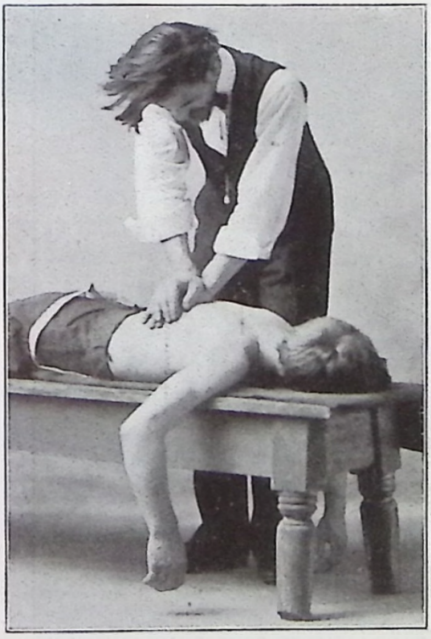
From that work we gradually slid off the idea of the small touching surface, and got down to a point where we would place the hand more or less broadsided on the back, as illustrated, and following out this idea of centering the force in at the heel of the hand. With this began more or less of the lighter pressure work. As we worked, it seemed as though we accomplished as much with lighter pressure and with a slow, shoving, pushing movement as we did with the longer one. In fact, the idea that we pushed seemed to count for much.

MOVE NO. 47.

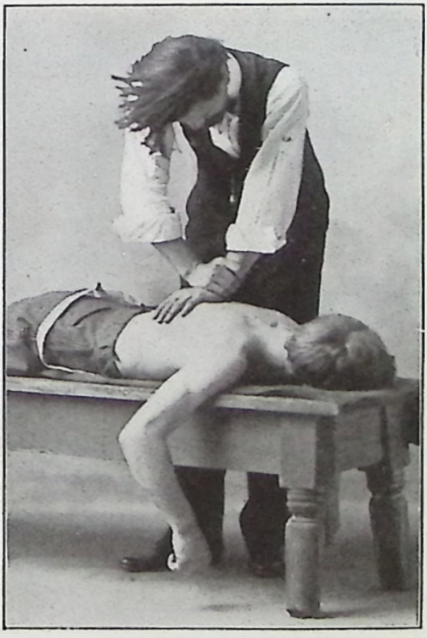
As an outgrowth of that, eventually came the clasping of the opposite hand around the wrist, although the original lower hand remained as a fixed point.

The amount of work you have so far seen was what was more or less schemed out on the original flat table. Gradually, from that, we worked to the double table. Dr. T. H. Storey was the original developer of the double table. Dr. Story schemed out an idea of having the two tables separated, although his tables were flat.

Dr. D. W. Rissland, one of his students, afterwards originated the different height planes of the tables, and you can see through all this still the process of thought.

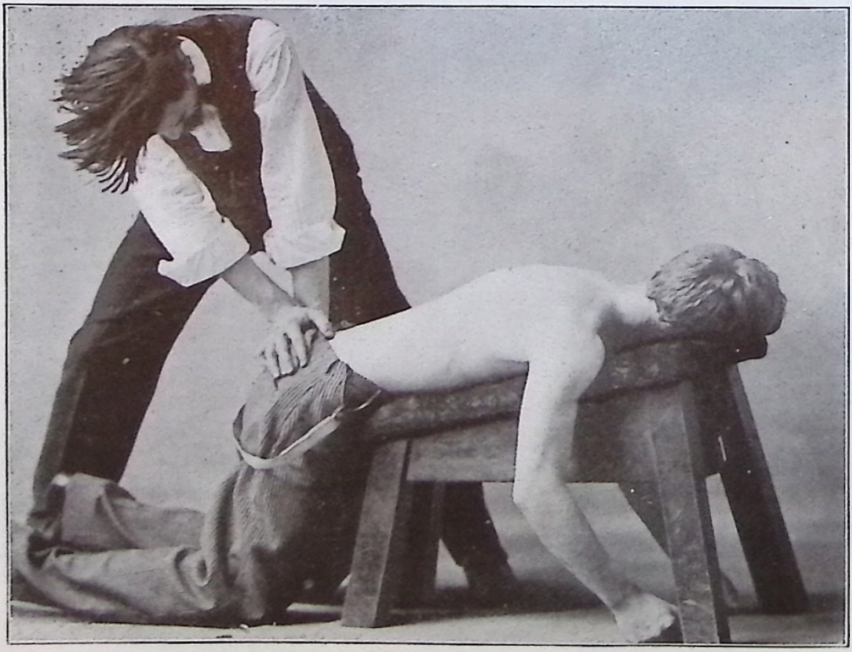


Move No. 46



Move No. 47

Move No. 48



Move No. 49

MOVE NO. 48.

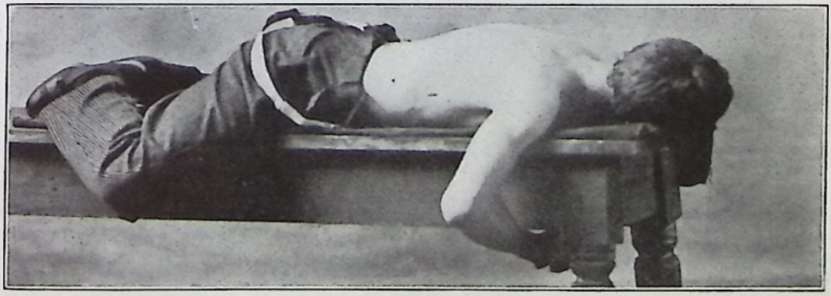
About this period of time the sacrum became of interest. How to adjust that was the question, so one of the earliest moves used was the position you see here. This allowed gravity to separate the sacrum from the lumbar. The object was, of course, to separate the vertebrae and pull apart the innominata from the sacrum and let the sacrum stand up in a prominent position on a tension and then to hit it good and hard. Because of the fact of injuring so many men, that finally went out of vogue. The original worker himself was severely injured, and so far as I know today, has not recovered from the effects.

MOVE NO. 49.

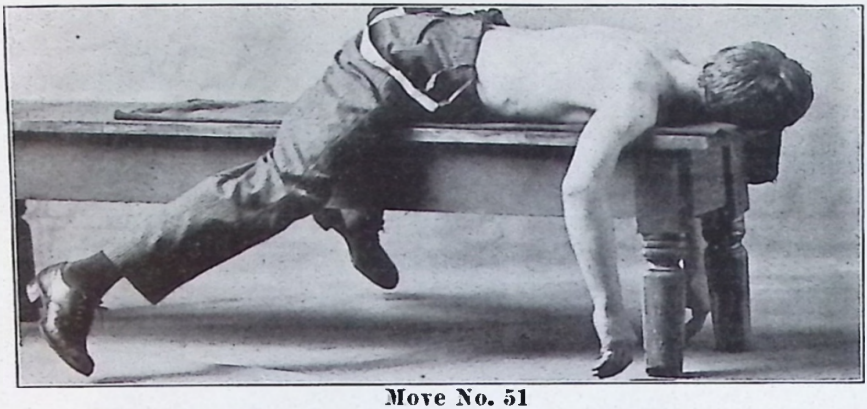
To relieve that extreme tension, the opposite side of the table was used. The movement remained the same—a slow, heavy pushing movement.

MOVE NO. 50.

Going back to the straight table, some of the later movements on the sacrum will be of interest. Notice the position of the legs. The idea was to use every advantage as a fulcrum in separating the innominata from the sacrum. That was used a while, and thought very efficient. It was the best that we could do at that time. We were taking every advantage that we could to make it easier to get that push-like movement on the sacrum. With the push alone we could not accomplish much, and so we had to use all the assistance the patient could give us in that connection.



Move No. 50



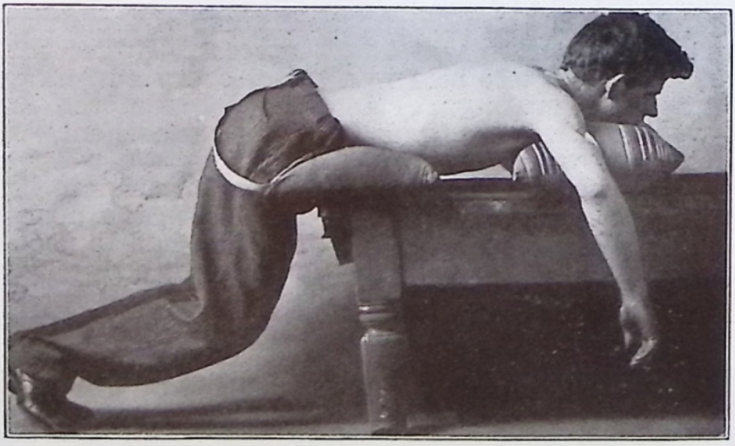
Move No. 51

MOVE NO. 51.

At a later period he went even farther, and spread the legs so they were off the table, thinking that this gave us a greater purchase than the other position did.

MOVE NO. 52.

It was still some years before we got into the double table proposition. We had to scheme out how to adjust a lumbar. Many and many a time, and for many years, peo-



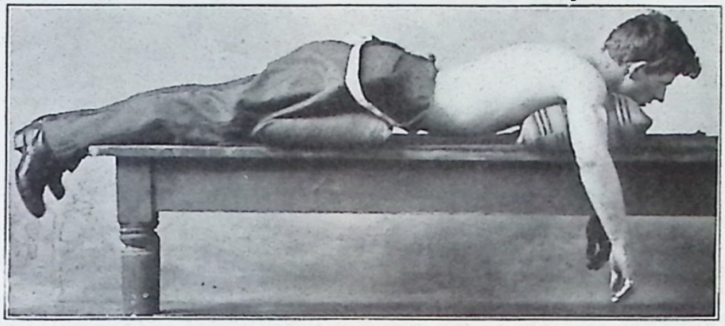
Move No. 52

ple were adjusted lying flat on their stomachs on a flat table, and today if you had to go through that you would think we were torturing you. One of the products of scheming was the use of padded pillows, placing the patient in the position shown. This position was used for a long time to get the lumbar up to a place where it would not hurt the stomach. There is where the large pillows were

introduced for the first time. The pillows shown are the original ones. Each is filled with four pounds of feathers, and cost sixty-five cents a pound. I will never forget it, because I was working for three dollars a week when I paid for two of them at that price.

MOVE NO. 53.

That idea was afterwards improved on when we allowed the person to have his legs on the table, as you see it here,

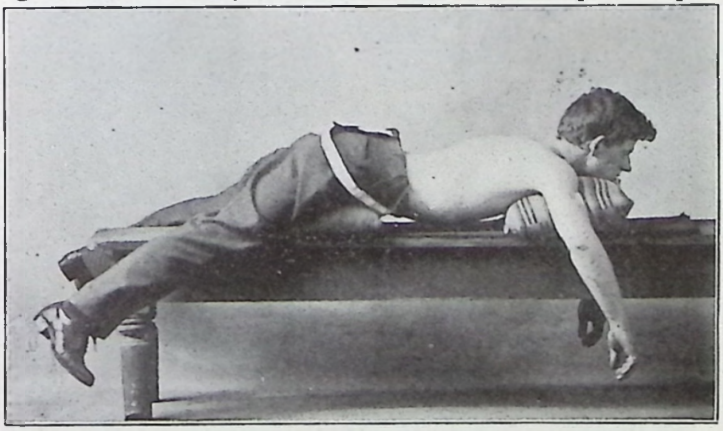


Move No. 53

letting the feet hang off. You see that allowed the legs to drop down and gave less tension. The abdomen was raised from the table.

MOVE NO. 54.

With this idea of the added pillows, we went through the confusion of positions again, having the patient throw his legs off the table, while over the double pillow proposi-

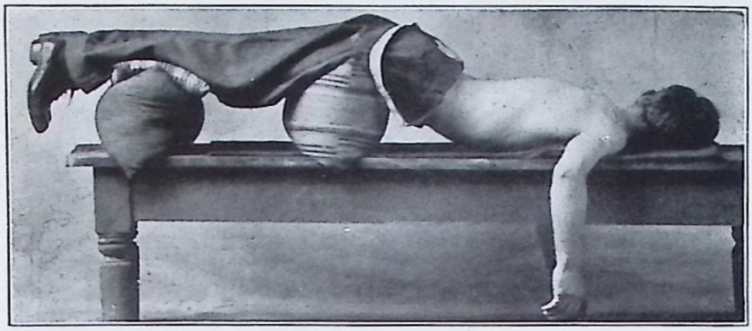


Move No. 54

tion, became a general favorite. Here is where we had the patient's abdomen raised and then spread his legs, aiming to get greater tension in extension along the spine.

MOVE NO. 55.

Finding that this did not quite meet our comprehension, we changed the position, placing one pillow under the hips, the other under the shins, the chest resting on the flat top

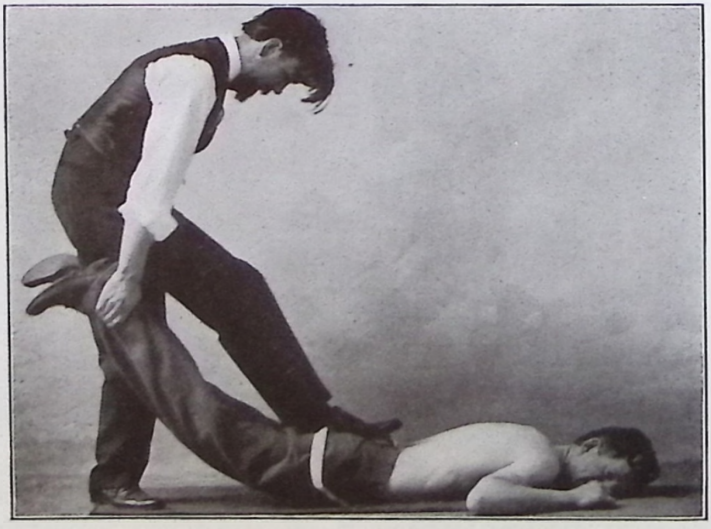


Move No. 55

table. We put the body in that position, figuring that raising the spine upward would accomplish more. You see, we studied out the slant of the zygopophoses, and we took advantage of the natural degree of curvature, thinking it would help. So we tried to work in conformity with all these little ideas as we schemed them.

MOVE NO. 56.

Occasionally we came across a case that had an ankylosed sacrum or lumbar. We thought that if we did not



Move No. 56

get tremendous purchase we could not do anything. Here is the position that we put the patient in. Placing the foot on the sacrum and raising the legs gave a tremendous leverage. The legs were drawn up here, and then a termendous pressure exerted.

MOVE NO. 57.

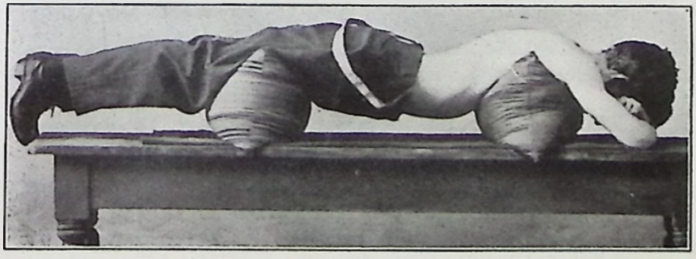
That was afterwards modified to include the lumbar region, and the pressure was given as shown. The move-

Move No. 57

ment was given by raising the legs with one hand and, swinging down at the same time with the foot, the opposite hand pushing that foot downward.

MOVE NO. 58.

You can see all through the earlier history of this pillow work we really were working to the double table work, and yet did not seem to get quite at it. At the time Dr.

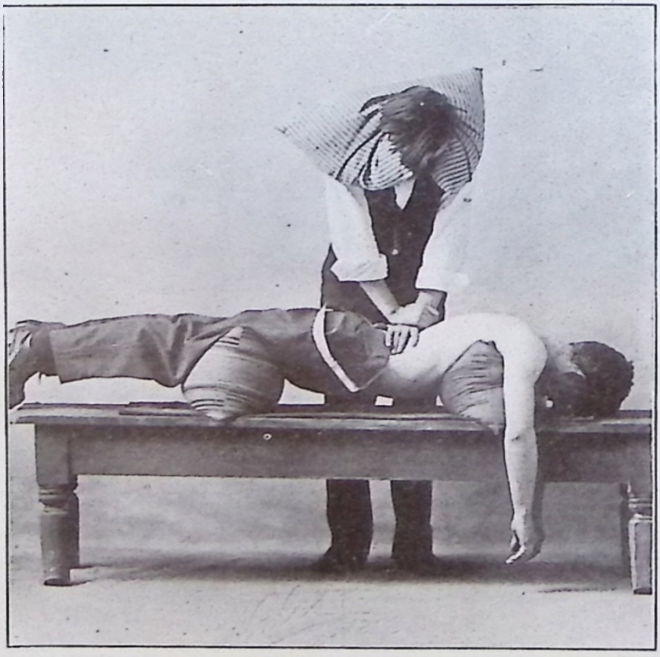


Move No. 58

Storey was at *The P. S. C.* we were working with pillows, scheming out on that proposition, and from that inception he went ahead and got out the double table. Up to this time all of our table work was done with an absolutely flat table, with nothing on it, just the plane surface as it came from the factory and then dirtied by the sweat of the people. No. 58 illustrates one of the changed positions of pillows to adjust lumbar.

MOVE NO. 59.

Even that style did not accomplish all that we wanted, and still hanging around that heavy forcible pushing proposition, we went ahead even further. We had two bags made, and we put in ten pounds of shot. We put those bags on each side of our shoulders, and then gave the push. We kept on increasing that weight until we had as high as

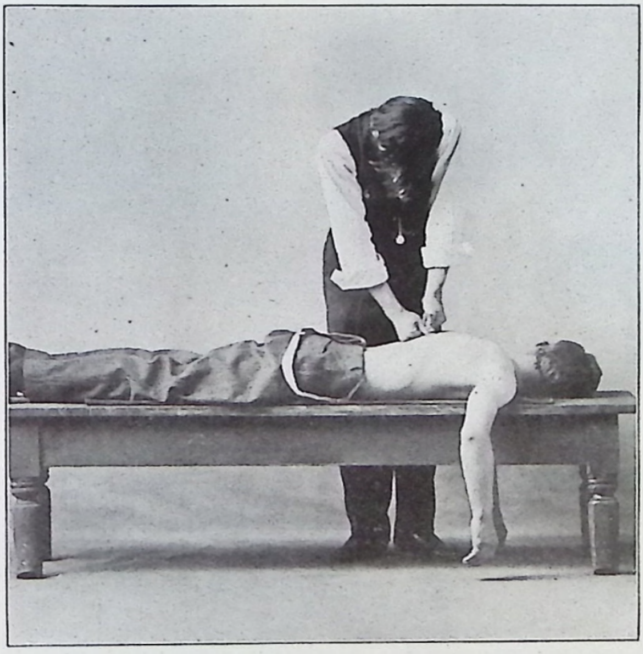


Move No. 59

forty pounds on each side. We kept scheming how to put on weight on the sides, getting directly over, and still give the movement, with the heavy, chugging weight coming down. You can imagine what kind of a weight you would have working the body downwards, with the pillows as wide as you see them here.

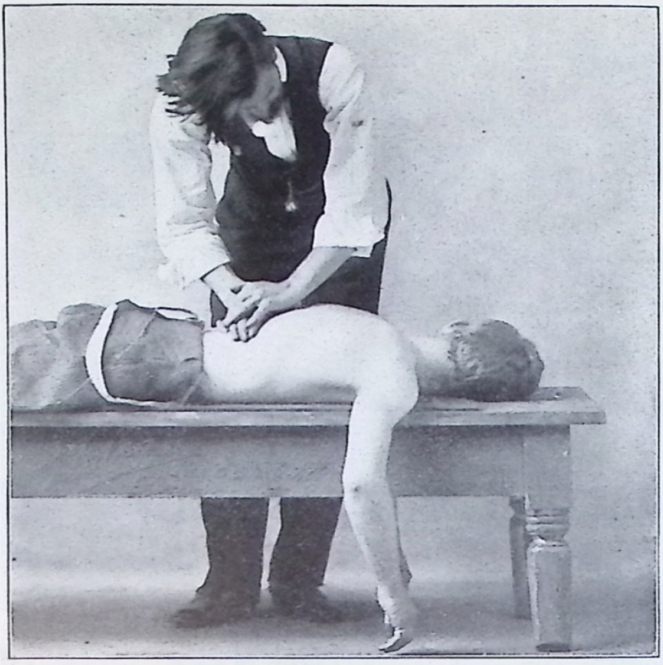
MOVE NO. 60.

Later on we got back to a more specific move, going up and then down, and this movement would be given. Another of these specific ideas came out when we got out

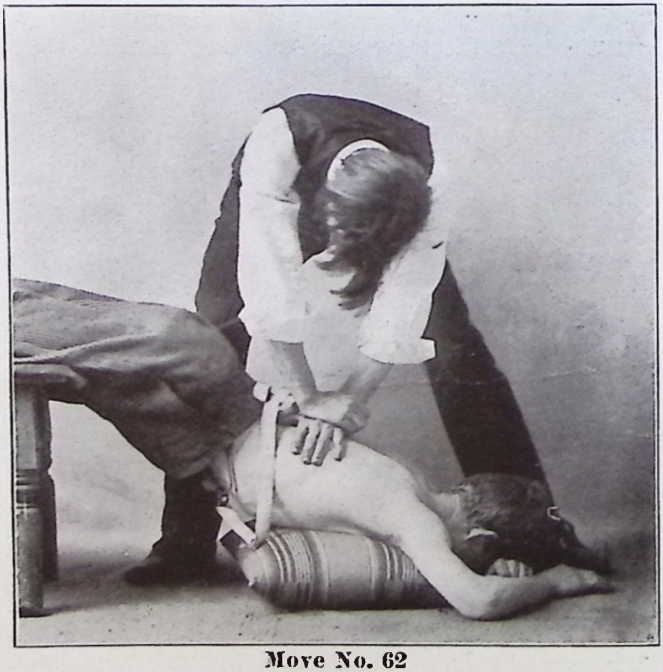


Move No. 60

this movement, placing one thumb on the spinous process and the other thumb on top of that thumb, leaving the two hands together, making a pushing movement. In that way we seemed to be coming back to the old specific idea again.



Move No. 61



Move No. 62

MOVE NO. 61.

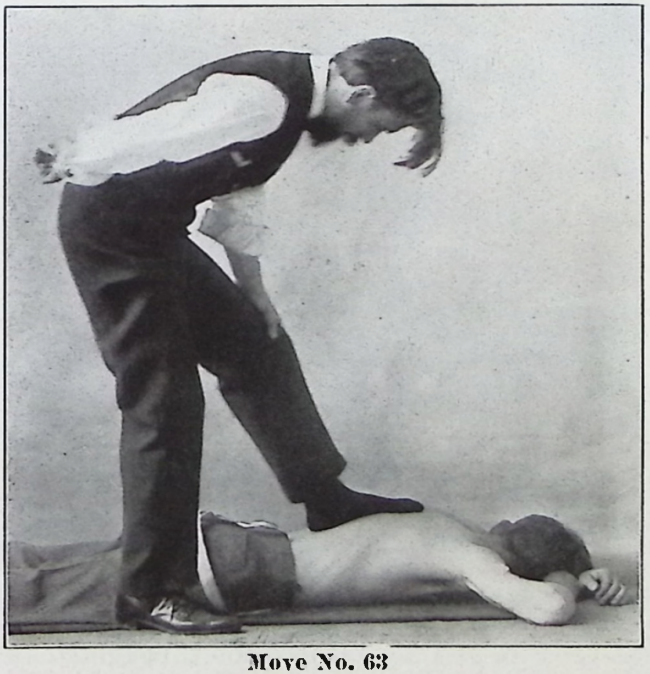
This shows a slight change from No. 60. The thumb was placed over the spinous process, but the "heel" (as it was then called) of the other hand was placed on top of that thumb and the push or jab then given.

MOVE NO. 62.

This move was frequently used for women with cases of prolapsus uteri, hernia in male or female, constipation, and trouble of the bowel or abdominal region. The move is as illustrated. The idea was to get the chest on the floor, the hips high in the air, so as to get a heavy spring in on the lumbar region, especially if we had an ankylosed condition. We would get at the side, and go in on the back with a heavy pushing sort of movement. The idea was to get a heavy push, break up the ankylosis, and utilize gravitation with the prolapsus or hernia.

MOVE NO. 63.

It has been said that Chiropractic was a counterpart of many other sciences, especially Bohemian Napravit. In Norway and Sweden the farmers come in from their farms



Move No. 63

tired at night, and asked the children, in bare feet, to walk up and down their back, thinking that "the bones would

snap." They got up feeling rested. The Indians in the Northwest have a method of their own. The Esquimaux (Eskimos) have a system of "curing pain in the back." The Japanese have a system called Kuatsu. The Chinese have a system, "Jui Juitsu," different from that of the Japanese. The Russians who live in the wilds of Siberia have a system of natural movements. The Bohemians have a system called Napravit. The New Zealanders and Bush-whackers have systems. The Swedes have Swedish Massage. In fact, all native peoples have varied systems of working *on the back* for the purpose of relieving pains, strains and wrenches in the back.

MOVE NO. 64.

A move used for a long time that seemed to get good results was the placing of the foot on the table behind your patient, who was sitting, placing the knee against the elbow, the hand of which was placed against the vertebrae. The idea was to get a pressure with one hand, the other clasped

Move No. 64

the body, and let the hands oppose themselves, the left hand pushing back and the right pushing forward. This movement was used up and down the spine throughout the dorsal and lumbar region. It was found effective. In fact, it was far ahead of anything that had been brought out so far. It was found quite practicable, quite serviceable.

MOVE NO. 65.

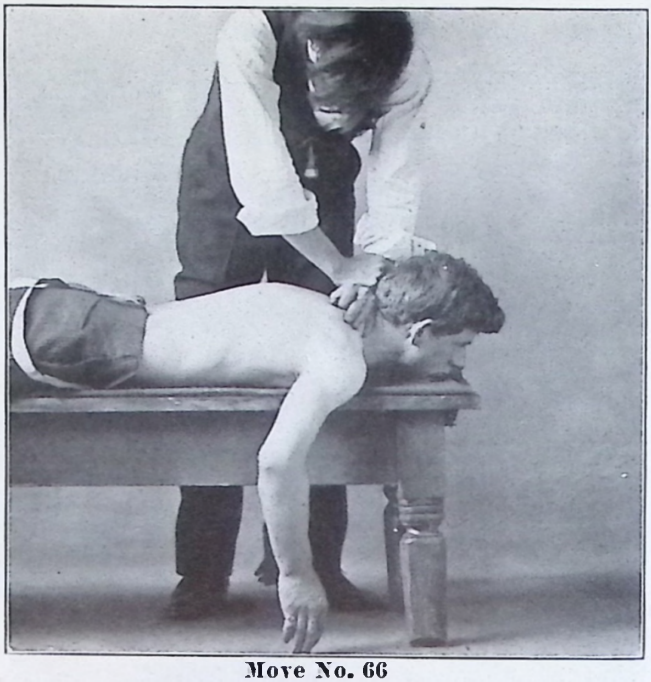
The picture speaks for itself. It is purely an osteopathic movement, and yet it had its swing in Chiropractic. The hands are clasped under the armpits and in front, the knee

Move No. 65

as your lever—your knee on a different angle according to what you are adjusting. (See page 74 of Murray's Practice of Osteopathy. Duplicate move also shown in Brigg's Manual of Osteopathy.)

MOVE NO. 66.

At a later period another set of Chiropractors invented what they called a "bootjack table," having a long slit down through the top of the front half into which the face could be rested—a kind of cup-shaped thing resting on the sides of the face. Then, in that position, the original push was given on the neck. The object of getting the head into the pocket was to give the head an upright and straight support, so that they could give it a certain push. When you give a pushing movement you must accommodate your move to the position. When you get a recoil movement the posi-



Move No. 66

tion accommodates the movement. The "bootjack table" is still in use by many who may still use the old bootjack adjustment.

MOVE NO. 67.

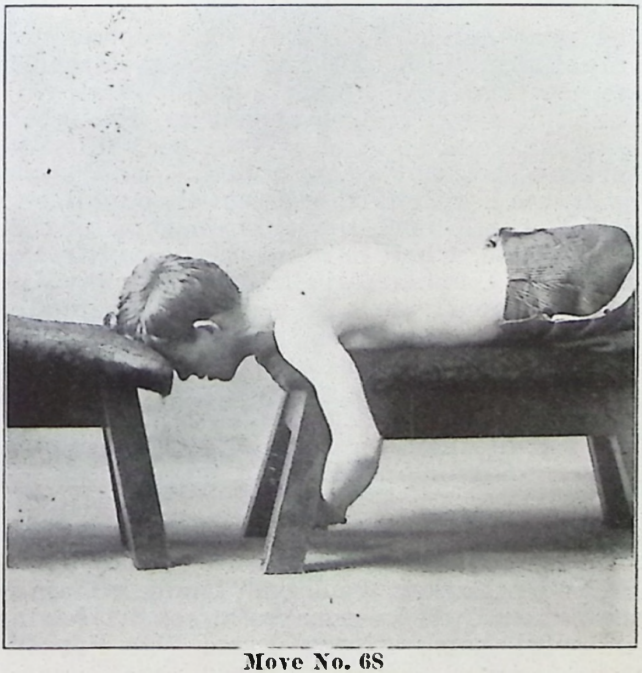
The movement is occasionally used today with the head resting on the chin and the adjustment delivered as you see it. Occasionally that was done, not usually, for the principle reason that the processes run together and so near the axis that it was not practical. When the head is erect there is no perceptible assemblage in the position of the neck.

MOVE NO. 68.

From this one we began working out theories on the double table. A new impetus was given to the idea of investigation and research work, and particularly was this so in the cervical. We had worked out so far as to argue that the abdomen wanted to be in a swinging position to get the spring. Why wouldn't it be equally as good for the cervical? It was tried, and it proved good. The first movement was given as you see, and that proved quite effective. Occasionally you will hear of its being used today in some out of the way burg. It was used at that time with some speed, but up to this time we had not worked for recoil work. It was faster than formerly—faster than the original work was, for that was a very heavy push. Later that movement became just a heavy shove, and you will find that work being done

occasionally today. When once you form a habit, it is hard to get out of it.

Move No. 67



Move No. 68

MOVE NO. 69.

This is the "Famous" Parker lumbar adjustment. There was more fuss made over this move than any other in the history of Chiropractic. It created more struggles, confusion, spirit of animosity and competition than any one other move.

Dr. Parker was a *P. S. C.* graduate. After leaving school he started a school of his own. We knew that the only way one *new* man can have a better school was to invent *new* thoughts. Everybody who starts a school always has "new moves" go with it. Dr. Parker originated his new move, tested it thoroughly and called it after himself, "The Famous Parker Lumbar Adjustment." What made it "famous" I don't know. He made his students promise that they would not teach the movement to anybody, much less a student of any other school. It was the private property of the members of that school only.

But friends who graduated from that school wanted to know what that adjustment was. A note book fell out of a student's pocket and in it was a thorough description of that movement. I found the book, saw the movement, and then I asked questions, which, of course, could not be denied. He had to explain. Meanwhile, this move was Dr. Parker's stock in trade; he had been teaching this movement at his school at $250 a head.

At the next convention following, we had demonstrations in the clinics. By popular request I took the first clinic. That was the first year of the recoil. Meanwhile I had worked out this recoil and developed it. I taught it to the convention thoroughly and clearly without a quibble. The next afternoon they wanted more of the same work. I told them that it was hardly fair, and that I would like to see the presidents of other schools demonstrate some of their movements. Of course, I had in mind the demonstration of the "Famous Parker Lumbar Adjustment." Finally, Dr. Parker was asked to demonstrate. He hesitated, but finally said he would. He had a double table, such as shown. He had on a long Prince Albert coat during the afternoon demonstration. The adjustment was given by the straddling of the patient, regardless of whether male or female. He got his hand close up in under the flaps of his coat and gave five movements as quick as a flash, got up, and said—"That is all."

Naturally the convention sat open-mouthed. "What did he do? What was it?" I am the butt of all evil, so I butted in and said, "Dr. Parker, would you kindly explain what you did to the patient? I, for one, am at sea." He started bellowing in awful shape. "Now," I said, "Dr. Parker, be cool.

I am asking you what it was. I am sure the boys are like me. I am frank to confess that I don't know what you have done, and I would like to have an explanation."

Among the rest, there was one man named Miller and one named Smith, graduates of his school. Smith was his right-hand man. He asked me to drop the matter. I knew what that "famous" lumbar adjustment was, and I knew he hadn't given it, therefore I forced the fight from that on. When we couldn't get him to offer any explanation, I said, "Dr. Parker, is that your famous lumbar adjustment?" "No, it is not." "Well, what did you give us, then?" He would not answer. "What did you do; did you know what you were hitting at when you came down on those lumbar? What *did* you hit? I know you hit the lumbar, but which one?" "I hit them all." "But how did you know which to

Move No. 69

adjust? You didn't palpate that spine." "It is not necessary to know, just hit the back." "Isn't it a fact that you have tried to fool us—tried to fool this convention?" "Yes." I made him admit the second time that he had tried to fool the convention, that he had tried to pull off a bluff, and I made him say the words, "I have bluffed this convention." He was our U. C. A. president. The convention took the viewpoint that if he had a lumbar adjustment, and he didn't want to demonstrate it, why didn't he say, "Gentlemen, I will not give you my 'famous' lumbar adjustment. I am teaching it in my school, and I am teaching it in no place else; therefore, I ask to decline to demonstrate to you this move."

After *he* would not demonstrate it, I did it for him.

The original "Famous Parker Lumbar Adjustment" (*sold* for $250) was nothing more or less than the adjustment of the fifth lumbar to the inferior and anterior, the fourth to the obliquely inferior and anterior, the third to the anterior, the second obliquely superior and to the anterior, and the first superior and anterior. That is all there was to it, and that was done straddling your patient, with just a perceptible drop of the body. There was no quick movement whatsoever.

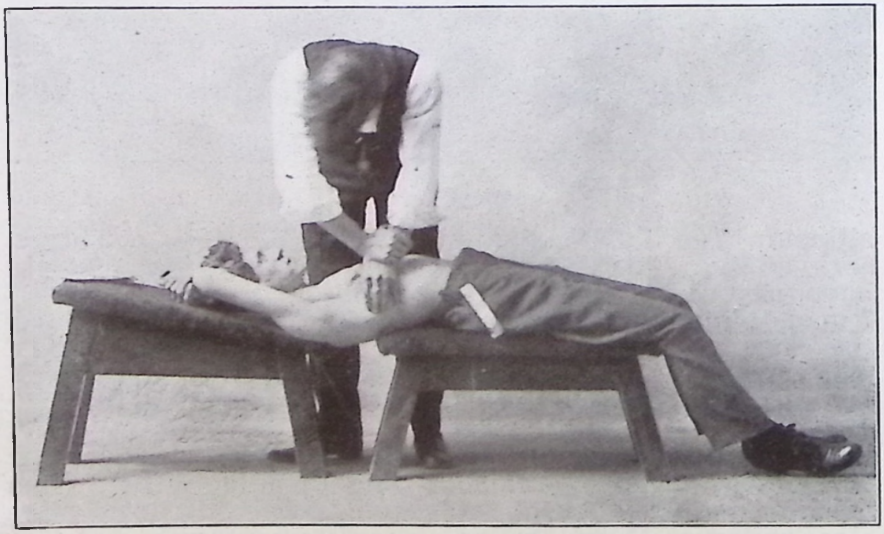
The patient assumes the position you see. The fifth lumbar was found and then the movements were begun as outlined. You see this sold at the rate of $50.00 a move.

If you will study some of these moves, especially this one and a few others, you will see that there is no attempt at anything specific. For instance, supposing the second lumbar is subluxated P. L. That is the only one which is subluxated. The fourth, third and all the rest are normal. He subluxated the first and third lumbar while he adjusts the second.

Chiropractic work is either specific or it is nothing scientific, and here was a general adjustment of the lumbar which accomplished nothing.

I have never found anything like the Parker move in any of the osteopathic books. I give the osteopaths credit for having too much sense.

So, you see, this effort of trying to deliver the specific, pure and unadulterated Chiropractic is not an easy chore.



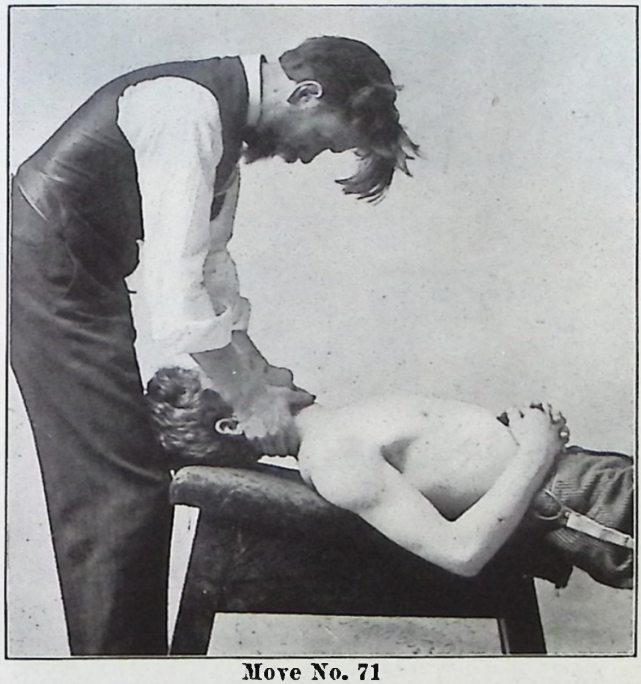
Move No. 70

MOVE NO. 70.

This was an idea brought out after Dr. Parker's time by a Chiropractor in the East. He made a great holler over it, but it lived only six months and died a natural death. His argument was not to adjust the vertebra, but *adjust the rib.* "You had such a long handle on this rib that it was easier to move, thereby adjusting the vertebra with greater ease." (Refer to pages 22-26-27-41-45 of The Practice of Osteopathy, by Murray.)

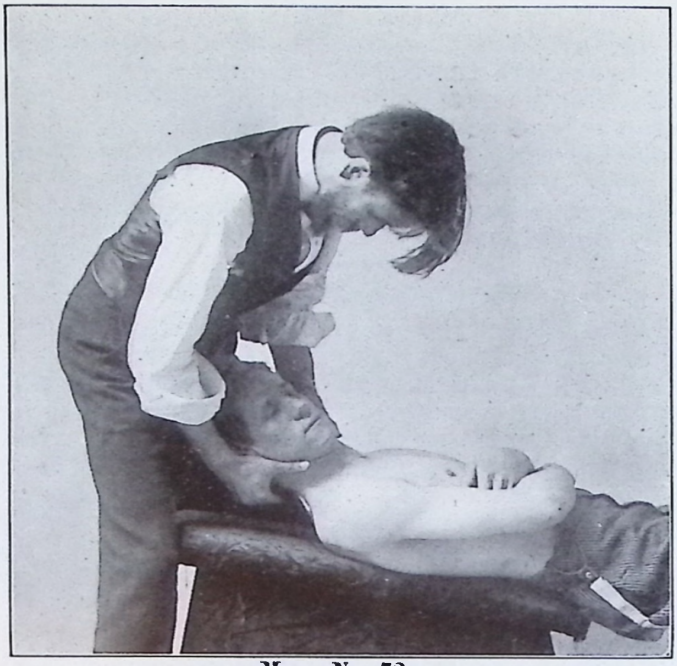
MOVES NOS. 71, 72 AND 73.

Notice the patient lying on his back, the hands of the operator are placed under his neck, the operator standing at the head of his patient. (Notice page 22 of the Practice of Osteopathy, by Murray.) The description of this half-tone shows the fingers of the operator placed in the transverse process of the vertebra involved. (Notice page 26.)

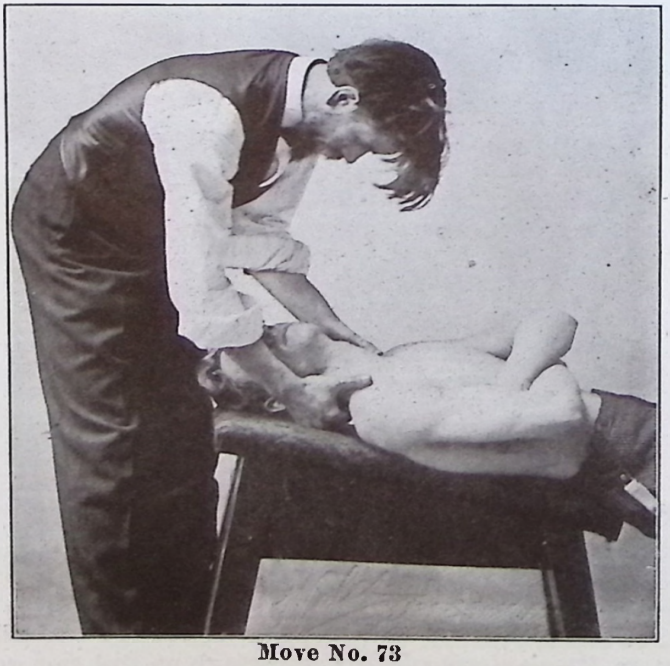


Move No. 71

As stated, I am only quoting from five osteopathic books. I could probably name twenty-five illustrating the same moves. Dr. Ely told me that he got it from a pseudo-osteopath, and he would rather not have it called the "Ely" movement, because he admits it is not his, but it is called that. (See 1910 U. C. A. Convention Reports.) I will show it to you in its various phases, although it did not cost me



Move No. 72



Move No. 73

five dollars to get it, as it did some of you who are crazy for "new moves."

Operator stands at head of patient, takes tips of his fingers and catches them on the posterior portion of the transverse process of the vertebra in question in the neck. If there is one vertebra that you want to adjust particularly, find it, let that finger press particularly on that vertebra. Draw the head upward and towards yourself. Dr. Ely only works the rotatory movement, but others have introduced the extension phase, working the head upward in both directions. The illustrations show the different movements. With the fingers grasped tightly on the vertebra, work the head towards and from you. When the head has reached its limit, give it a little jerk, pressing tightly on the vertebra in question. That is the T. M. principle, only lying prone. That is all there is to the "Ely" movement; just the "Ely" kinks of working on your transverse process in the various ways.

MOVE NO. 74.

There have been several movements added since Ely's time. In each you get on one side and the other hand takes the head, catching it and working it as illustrated. That

Move No. 74

has been worked on the relay basis. This move was brought out by a man in the West, who wrote me that he had improved on the Ely move. (See Murray, pages 18 and 40. Also Riggs, on page 19.)

MOVE NO. 75.

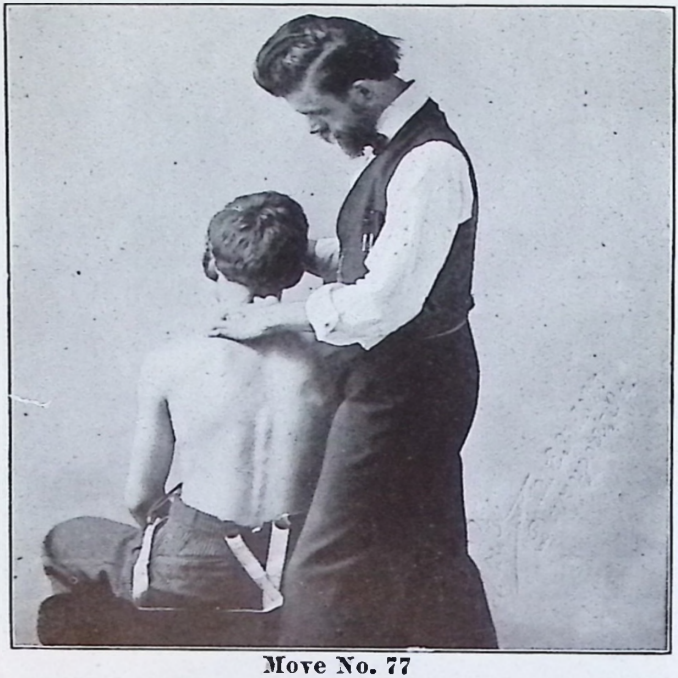
At one of the conventions, Dr. M——— brought out a move which he claimed was original with himself, yet it is found in osteopathic books. This was an adjustment of the transverse process from the anterior, getting down into the neck, separating the muscles as much as possible, working in on either side, working up and down the neck. It is commonly known as the M——— move.

MOVE NO. 76.

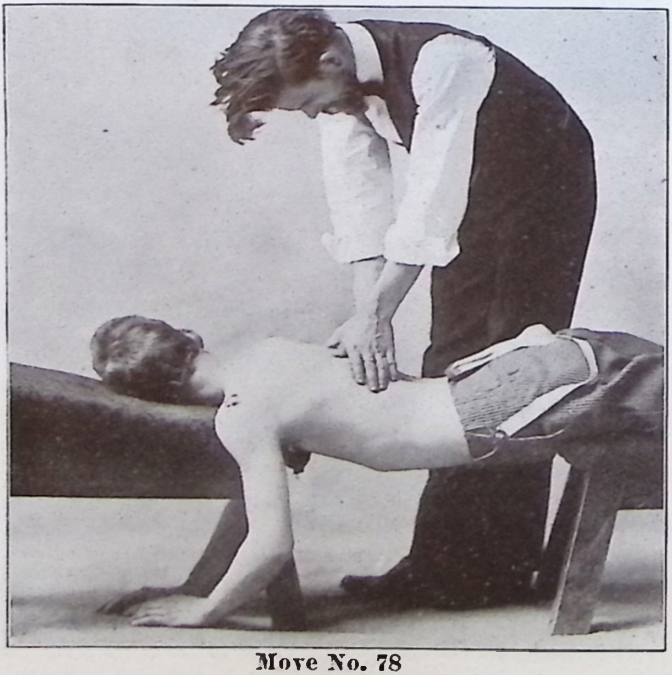
Another worker later brought out the same proposition practically, with the exception that he straddles his patient and works on both transverses from underneath with both hands.

Move No. 75

Move No. 76



Move No. 77



Move No. 78

MOVE NO. 77.

This is the common T. M. move, which I take it, you all know quite well. It will hardly be necessary to explain it here. (I call your attention to pages 10-14-15 of The Practice of Osteopathy, by Murray.)

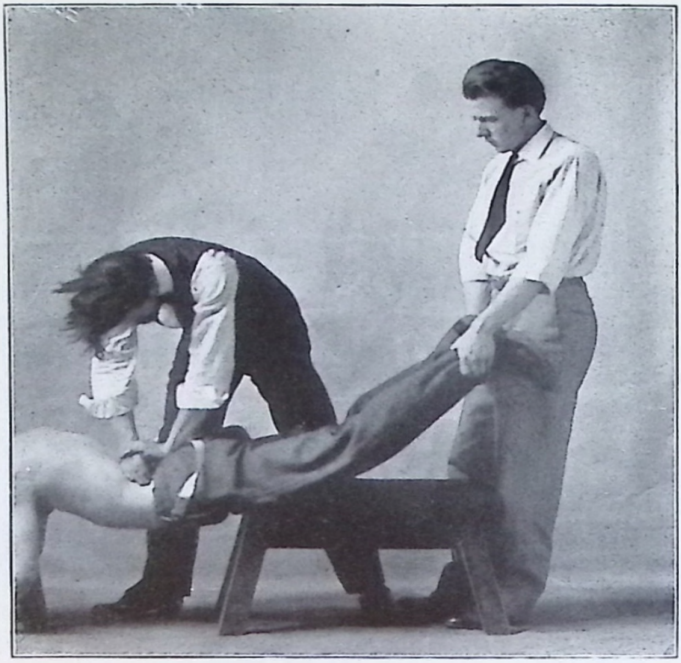
MOVE NO. 78.

We still used, up to this time, the T. M. move on the dorsals and lumbar vertebrae. Notice the thumb locations in relation to the transverse processes. (See page 230, Gregory's book, Chiropractic Analysis.)

MOVES NOS. 79 AND 80.

The only improvement shown in this table was a large pillow on the forward portion of the rear table, raising up the back to get more of a swing. That was one of the early ideas brought in on the double table proposition. In No. 80 we had an assistant hold the legs up so as to swing the back in while the adjustment was given. There have been

Move No. 79



Move No. 80

all kinds of ideas worked that have been given previous to this, or are slight modifications. (See pages 234-243, Gregory's Chiropractic Analysis.)

MOVE NO. 81.

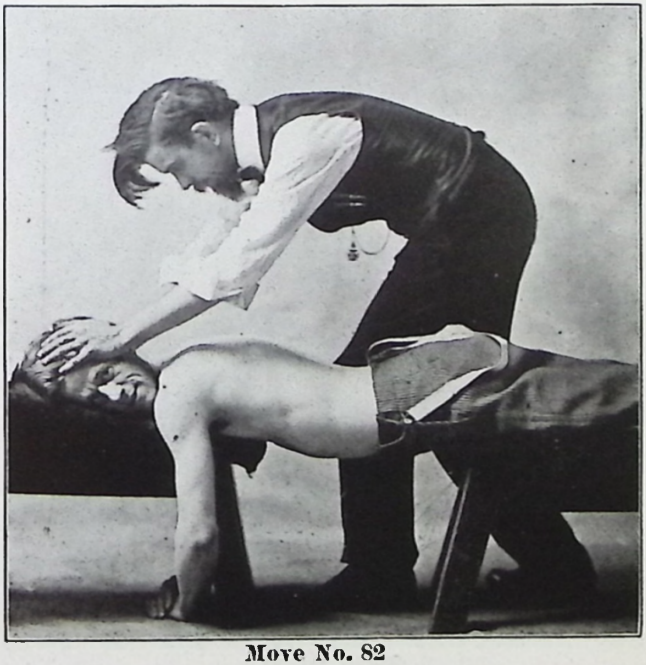
This move is given on the floor. It is *a specific adjustment* (?) for the fifth lumbar, and was brought out by Dr. Gregory. The chug downward is given on the shoulders. (See page 247, Gregory.)

Supposing you were on the stand and books were being introduced as evidence, and a book was brought up as evidence against you, the patient having testified that you had given such an adjustment to him—what would you do?

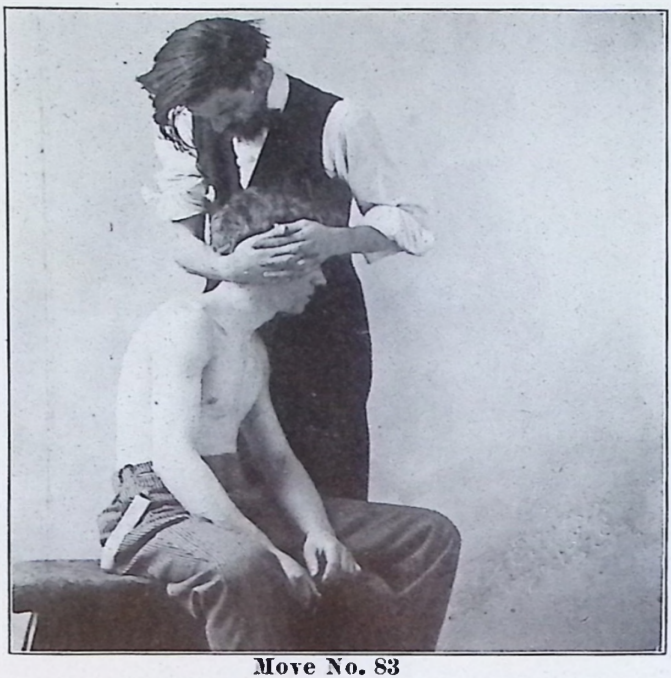
MOVE NO. 82.

Here is another move Gregory has for adjusting the atlas—pushing the head from the atlas. (See page 257, Gregory.)

Move No. 81

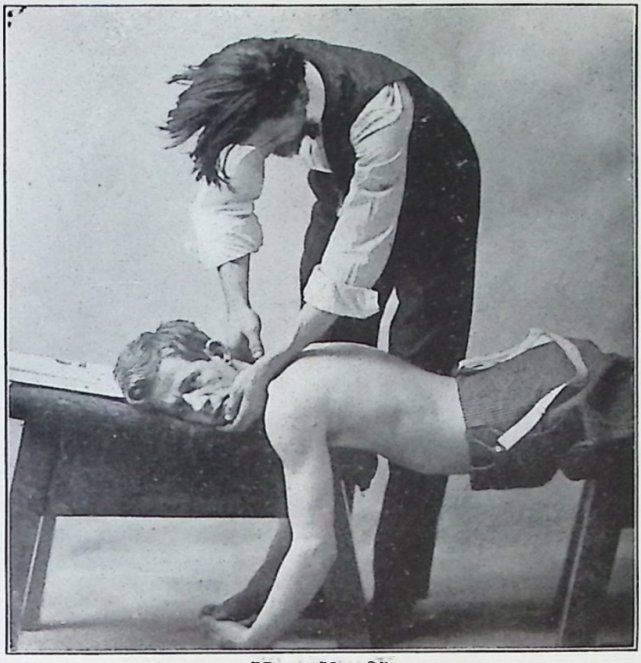


Move No. 82



Move No. 83

Move No. 84



Move No. 85

MOVE NO. 83.

In this move the fingers are against the spinous process of the axis and the head is turned, pushing it in, twisting the head around, to give the move. I cannot see anything specific in any of this work. (See page 263, Gregory.)

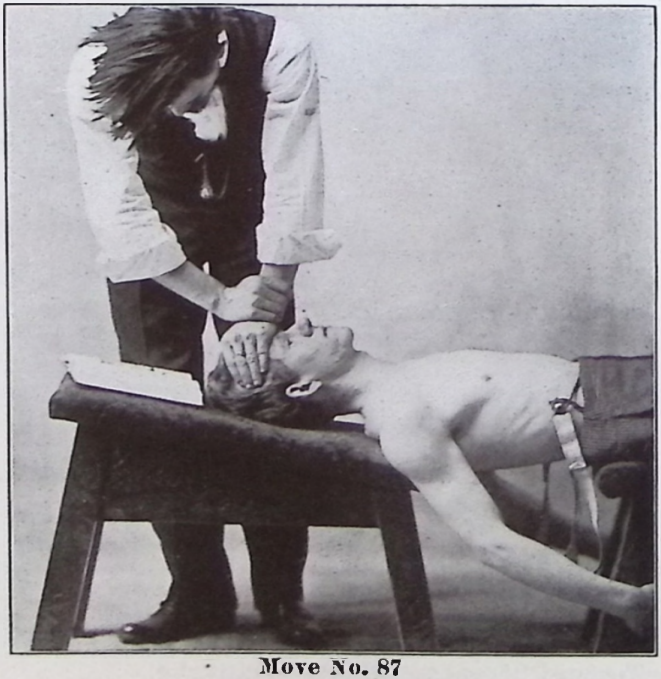
MOVE NO. 84.

In this move we have cervical adjustment followed by the T. M. to the spinous process and rotate the chin. This move is given with the patient in either a sitting or prone position. Rotate the chin, working around in that direction. (Page 265, Gregory.)

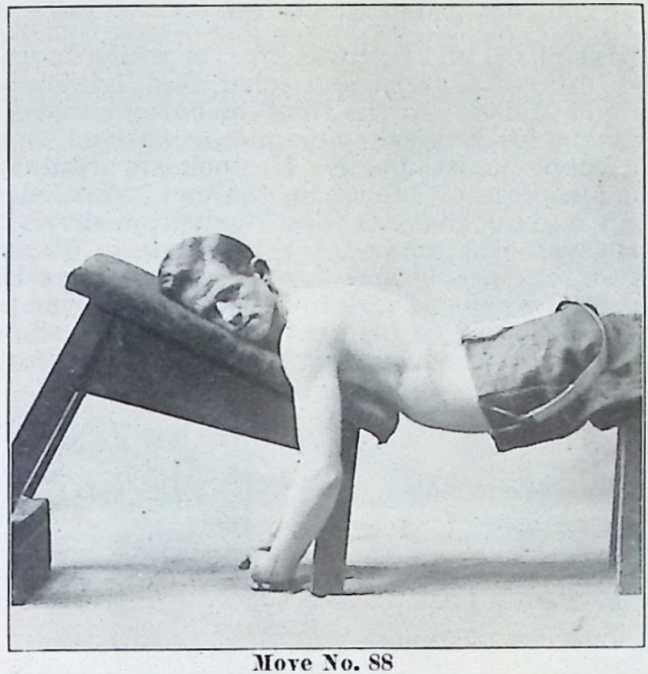
MOVE NO. 85.

This is the anterior work again, with the exception that he advocates the placing of the hand under the chin, and adjusting. This, of course, is given on each side, going down deep, getting the transverse process as near as he can. Often a very effectual "treatment" for headache.

Move No. 86



Move No. 87



Move No. 88

MOVE NO. 86.

This is given with the patient lying back down. I can see where that might jar a cervical vertebra into place, but I see no definiteness about it.

MOVE NO. 87.

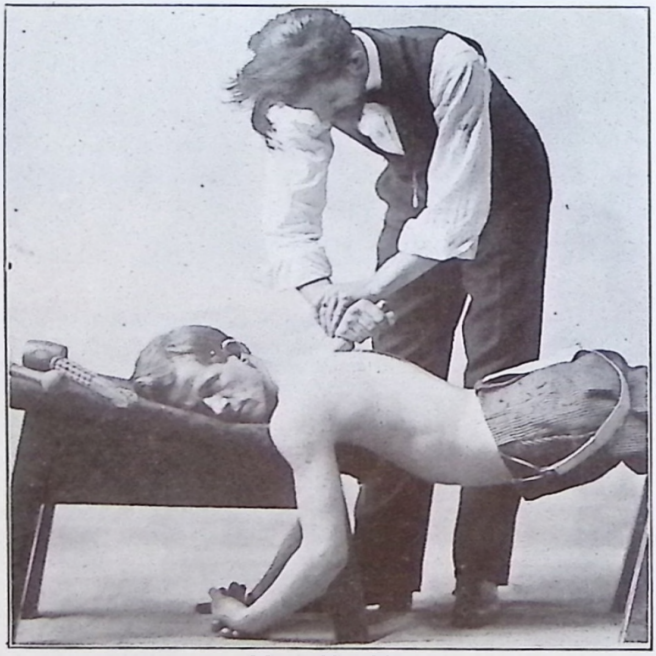
Notice jar on the forehead—"excellent for headache." (See page 277, Gregory.) (See also Goetz' Book on Osteopathy, page 29.)

MOVE NO. 88.

While you see today our tables the shape that they are, the height of the front part of the front table as it is, yet that does not represent the experimentation as we have gone through it. D. W. Reisland, D. C., made a machine which would automatically raise the two outer ends of the two tables, and I have known him to almost jack-knife persons between these two tables. He had a foot lever so he could adjust them to the height and position that he wanted. But today you will still find some people who cling to the old table just like grandmothers cling to the candle. But the mass use the present form, because they have found, as we have, that that height and shape gives the position that they want for best work.

MOVE NO. 89.

The next phase of work was that in which more people have been injured than in any other that I know of—the Hammer and Mallet. At the time the chisel started we had no adjustment for cervical. One man conceived the idea of getting a rubber chisel made. He took an ordinary chisel handle, put a piece of rubber on the end, whittled down a rubber ball, and put that on. The illustration shows the first chisel that was ever made for this purpose. It was used on about sixteen people and the seventeenth was killed by it, so that fellow has one nick to his credit. It was not used after that, so the tip of it is not dirty; doesn't show much use. It was first used by a gripping and pushing on the



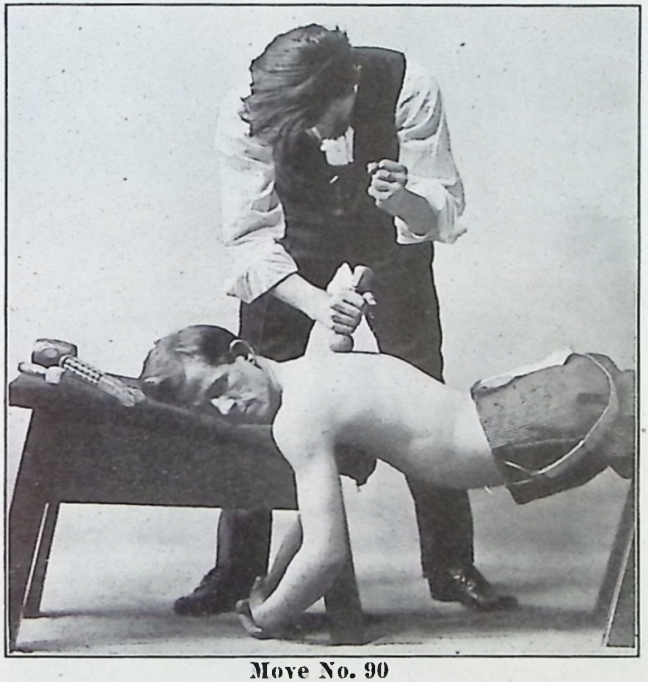
Move No. 89

vertebra, as the illustration shows. You nor I can see nothing specific about that work. You don't know which one you hit, nor in which direction you "drive it." But, notwithstanding the fact that early in the game one man was killed by it, its use spread, especially among "Minnesota Chiros." It is still in use in Minnesota and California, although it is fast being relegated to a place among the relics.

Another man schemed an idea of making a double-headed proposition, which would involve a blow rather than a push, so he conceived the idea of a rubber ball placed right against the bump, holding it with one hand, and hitting it with the

other. That was a step in advance of the other work that was used in place of the hand work up and down the spine. Practically, the hand work went out of existence among those Minnesota pseudos for two or three years.

Then, at a later time, the next idea came in, which was a chisel a little more blunt than this one. It was hit by a rubber mallet rather than the fist. There is a certain amount of spring in it. They always got these blows heavy. I presume I have had 150 cases of paralysis reported that, when looked up, I found were brought about by the use of the Hammer and Mallet. There is no way of estimating the amount of the blow. It was used about two years ago, or thereabouts.

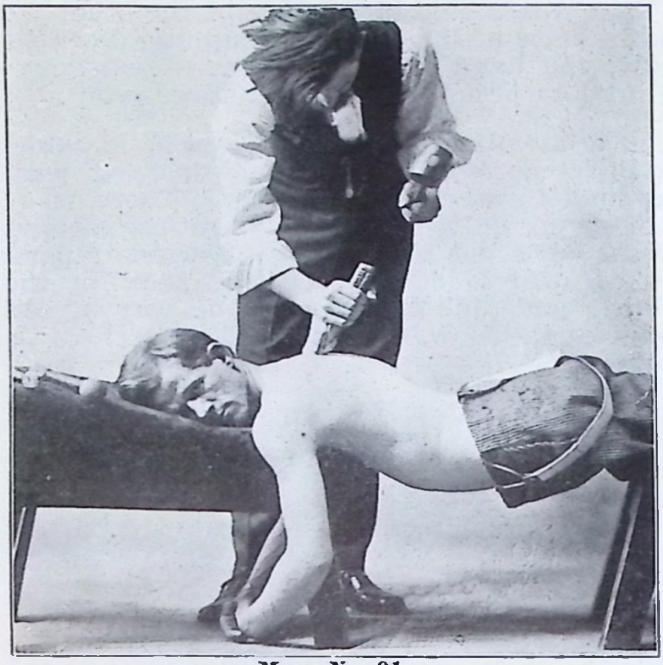


Move No. 90

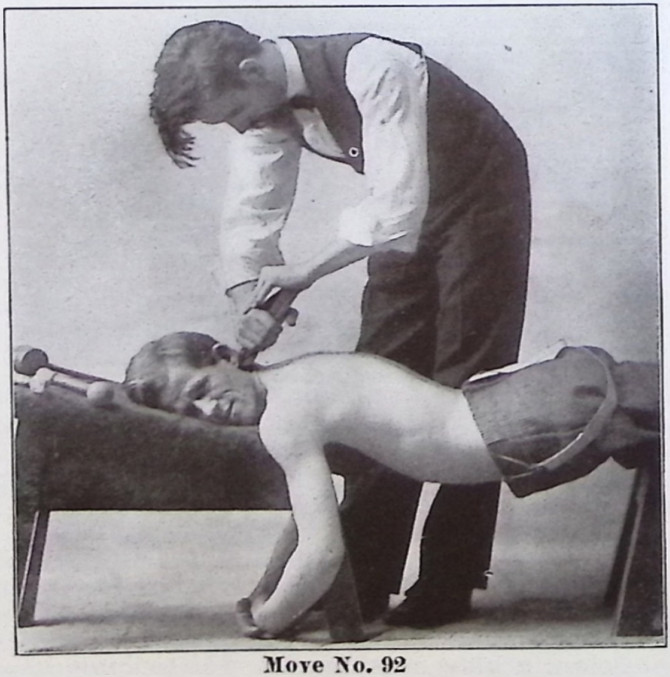
MOVES NOS. 90, 91, 92, 93, 94.

These are but variations of the original forms, used as they were on the cervical.

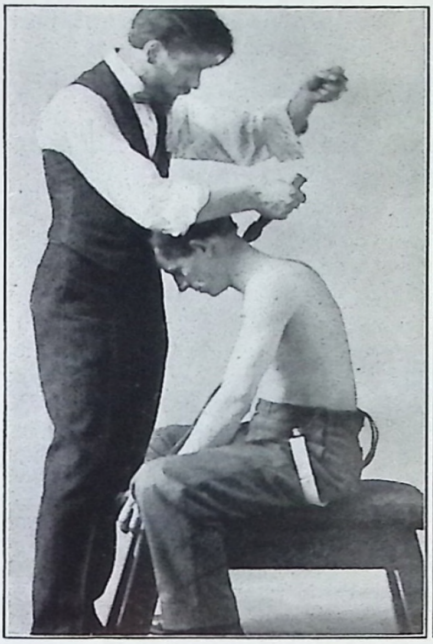
Dr. T. H. Storey carried this further, and put a strap under the patient's shoulders and under his head, and "strung him up." The idea was to use that tabooed question of extension again. Then, while the patient was in this extended position, a blow was given. Fifteen minutes after,



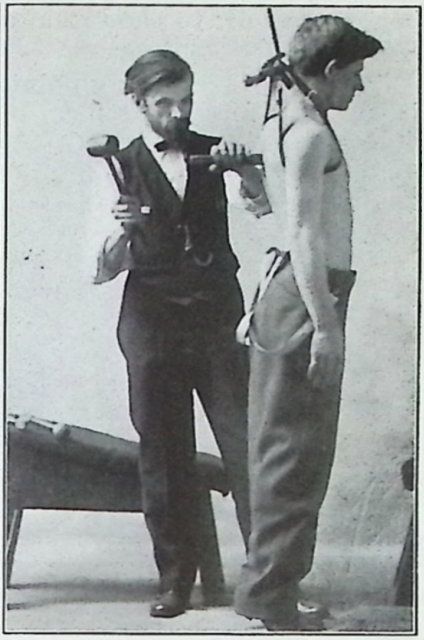
Move No. 91



Move No. 92



Move No. 93



Move No. 94

one man went to his home, took to his bed and was dead. That simply goes to show what you are up against. I took one photograph to try and show that idea. Of course, as I haven't the apparatus, I cannot duplicate it. It took a high priced apparatus to do that with.

MOVE NO. 95.

Dr. Parker's Lumbar Adjustment, where he "swung them from the patella to the deltoid." The stretch between tables was inconsistent, but it made a talking and selling point and cut a wide splash in its time.

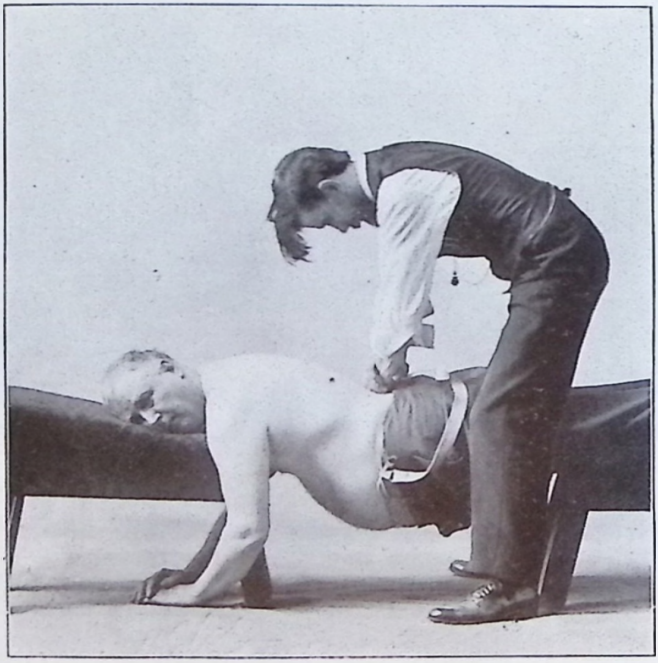
In temporary conclusion of the "new" moves I have not shown one yet but what is *an old move*, going through the process of evolution in working up to the eventually commonly used *P. S. C.* recoil, which we have today.

Go into Edison's factory at Orange, N. J., look at the improved phonograph of today and then compare it with the earlier models, going back to the earliest, and you can see the improvements that have been made.

The object we had in view when we started this exposition of old moves was to show how *old moves* have been

modified and changed, eventually leading us up to the present day recoil; to show that we wanted *one* movement that would be specific in all cases.

The greatest talking point against medicine today is that it has not a single specific. By "specific" is meant *one* medicine that will apply with equally good results to all cases of that particular kind, not one of which they have.



Move No. 95

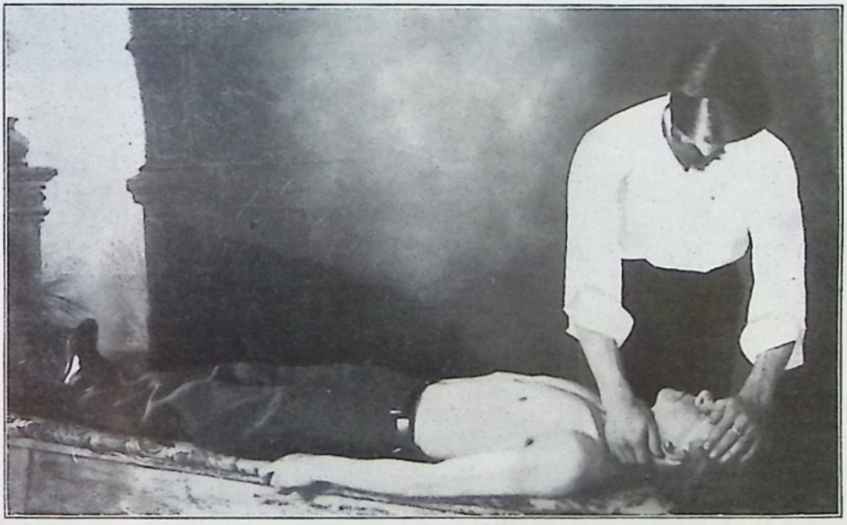
What we wanted to work up to and show you was the opposite of that—to get one specific movement that would apply to every person with equal facility and with equally good results, to be applied to all nations, ages, colors or sexes, under any disease—that one simple move, the only difference being in the location and your application. That is the only difference between the *P. S. C.* recoil and the moves that have been exposed so far—one will, and all the rest can't.

My viewpoint is that if we have a specific, then we have something that has never been had before in the history of therapeutics. I am trying to hold Chiropractic to the purity and simplicity of one good specific move—*THE P. S. C. RECOIL*—the *one* move which embodies the good in all the rest, *and then some.*

If we can with one specific movement accomplish what all other moves have tried to but failed to accomplish, it seems that that is the move to use, and not to use any of the ghosts long buried in the cemetery that have been tried and cast aside. I think you can understand what I mean when I say that Chiropractic as taught at *The P. S. C.* is a specific, pure and unadulterated form of Chiropractic—and that is the only form to use if you wish to get *best results.*

MOVE NO. 96.

Notice the patient is lying back down on the flat table, the operator is standing upon the patient's right, his left hand is placed upon the forehead of the patient, the right hand is placed under the transverse processes on the right side. The left hand presses downward, the right hand raises



Move No. 96

upward. This was called the "pulling adjustment," because the hand pulled upward and thereby adjusted the vertebrae. If the subluxation showed a prominent right transverse, then the operator changed positions and a change of hands was made. (Please notice page 30 of Goetz' Manual of Osteopathy.)

MOVE NO 97.

Notice the patient is straddling the table, the knee of the adjuster is placed against the vertebra in question, which is presumed to be subluxated. The hand of the operator

Move No. 97

was placed on the forward chest and the shoulders pulled backwards. This was known as the knee adjustment. (We also call attention to page 61 of Goetz' Manual, where this same movement will be found duplicated.)

MOVE NO. 98.

The patient is lying face downward on the flat table. The right thumb of the operator is placed over the spinous process subluxated, the left thumb is placed over the right thumb, and while the downward pressure is being exerted an assistant raises the legs of the patient. The object in view was to spread the centre of the vertebrae. (I refer you to page 165 of Barber's Book on Osteopathy.)

MOVE NO. 99.

I nicknamed this a hit-and-miss adjustment, because it can be seen from the very nature of this movement that there was nothing specific about it. The patient, sitting, folds his hands across the back of his neck, his head is dropped forward towards the chest. The operator reaches from behind, under the axillæ, grasps the wrists of the patient and stretches the patient's body upward (I refer you to page 70 of Murray's Book on Osteopathy for a duplication of this work.)

Move No. 98

Move No. 99

MOVE NO. 100.

It will be noticed that the patient is still sitting, the hands being folded across the lower chest. The operator standing from behind, still grasps the wrists and raises the

Move No. 100

body from the patient's shoulders upward. (I refer you also to page 70 of Murray's Book on Osteopathy for almost a duplicate of this move.)

MOVE NO. 101.

Examine the picture closely and you will see that the operator's thumbs are placed on each lateral of the spinous

Move No. 101

process of the subluxated vertebra. In this he gets no assistance from the patient. This is one form of thumb move on the dorsal and lumbar.

MOVE NO. 102.

The patient is sitting upon the table, the operator's right arm is clasped around the chest of the patient The left hand with a broad heel is placed against several spinous processes. You will further notice that the knee of the

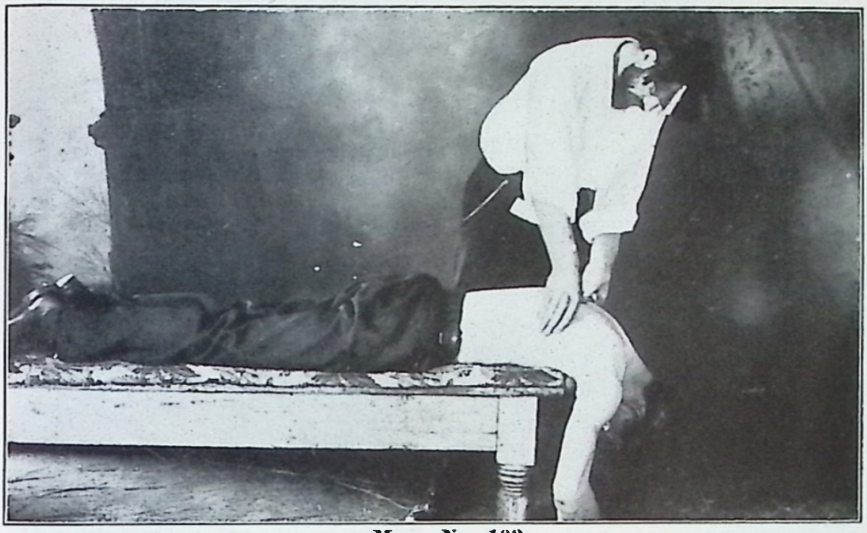
Move No. 102

operator is pressing against the elbow of the hand, which approximates with the vertebrae. There was a slight movement used here in which the patient's back is made to bow forward by a drawing backward of the chest and a pushing from the knee. (You will find a duplicate of this by referring to page 59 of Rigg's Manual on Osteopathy.)

MOVE NO. 103.

Notice the patient is laying face downward on the flat table. The chest is bowed forward over the end of the table, allowing an entension of the spine, stretching it between the vertebrae in question. At the greatest point of extension the thumb move is used with the thought in mind of adjustment. (You can find a duplicate of this on page 51 of Murray's Book on Osteopathy.)

Remember, in the various views shown wherein we refer to some book on osteopathy, each of these has in its time

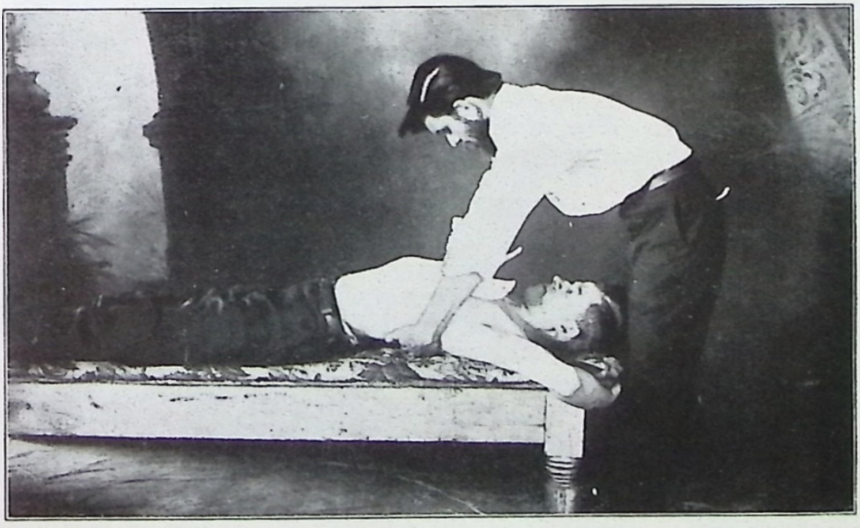


Move No. 103

been advocated by a Chiropractor as a part of Chiropractic, and each of which has in time also been proven to be osteopathy and relegated into oblivion.

MOVE NO. 104.

The patient lies back downward on the table, his arms clasped around the upper portion of the table. The oper-

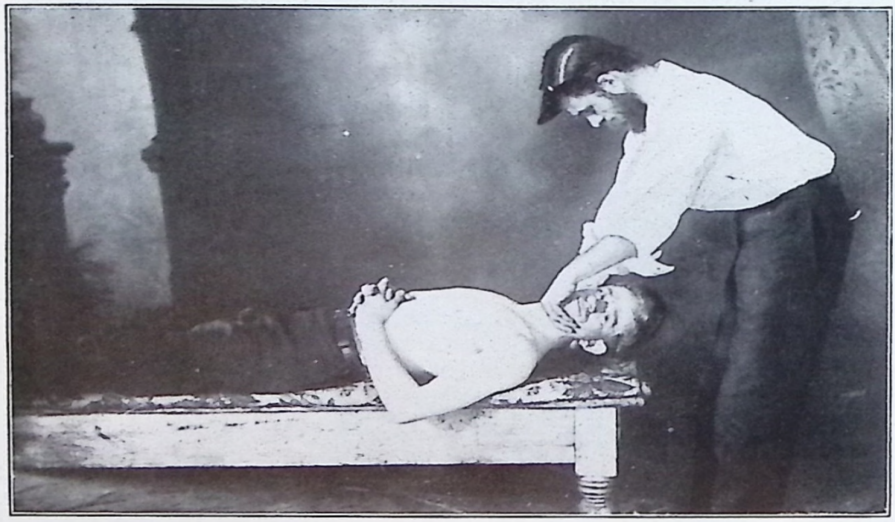


Move No. 104

ator, standing at the head, places his arms under the back and raises upward on the chest. In this view his fingers are placed directly over the subluxation (A duplicate of this will be found on page 27 of Rigg's.)

MOVE NO. 105.

Patient lying back downward on table; operator standing at head of patient grasps base of occipit with one hand, under chin with the other, raises upward and pulls toward himself, extending the neck. Head, then extended, is twisted



Move No. 105

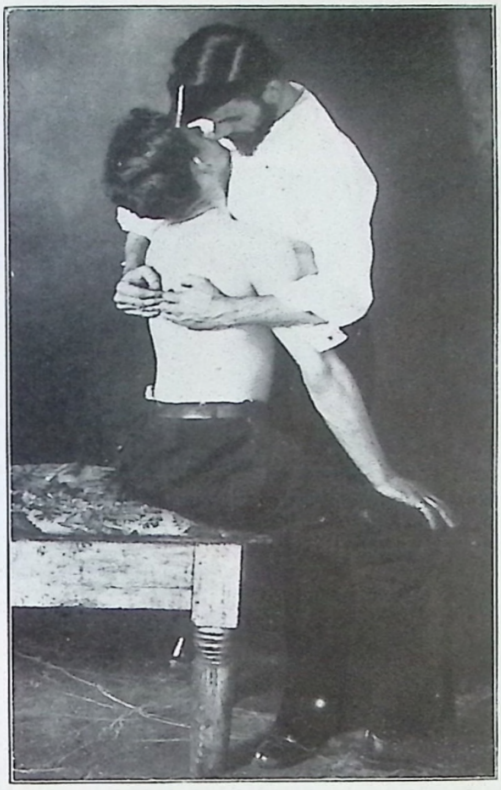
to the right or left, at the end giving a quick jerk movement. This had for its purpose the adjusting of any subluxation of the cervical. The movement was not specific. (A duplicate of it will be found on page 43 of Rigg's.)

MOVE NO. 106.

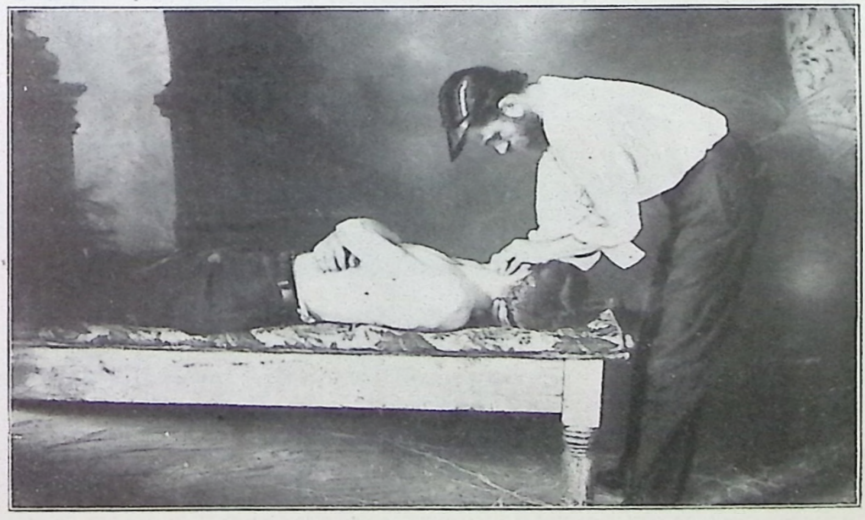
Patient sitting at edge of table facing the operator. Operator standing in close proximity to patient, the fingers of each hand reaching several transverse processes. Forcing the back backward and the hand forward had a tendency to sometimes give a cracking sound of bones, in which event it was presumed that vertebrae were adjusted. (A duplicate of this will be found on page 55 of Rigg's.)

MOVE NO. 107.

Patient lying back downward on table, operator standing at head. The head of the patient is turned to the extreme right. The first two fingers of the operator's right



Move No. 106

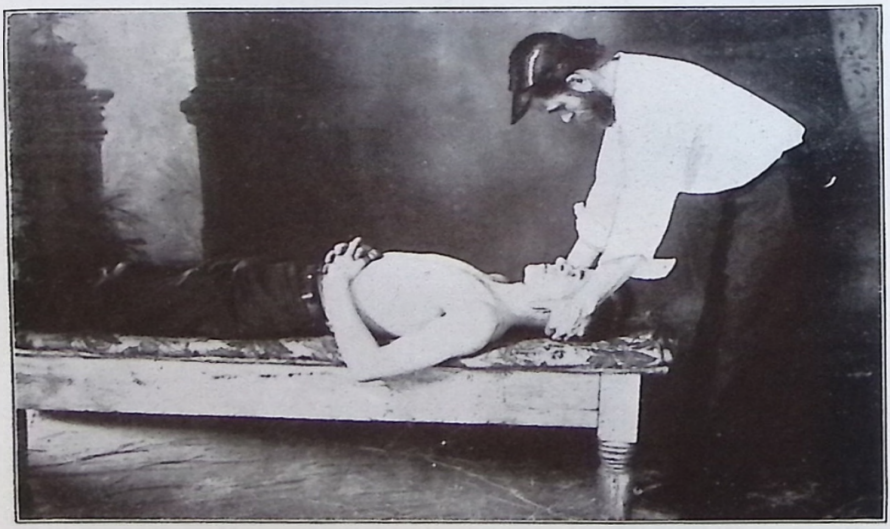


Move No. 107

hand are placed superiorly on the spinous process of the axis, the fingers of the operator's left hand are pressing strongly downward upon the transverse process of the atlas. The object of this movement was to correct any subluxation of the atlas or axis. (A duplicate of this will be found on page 99 of Rigg's.)

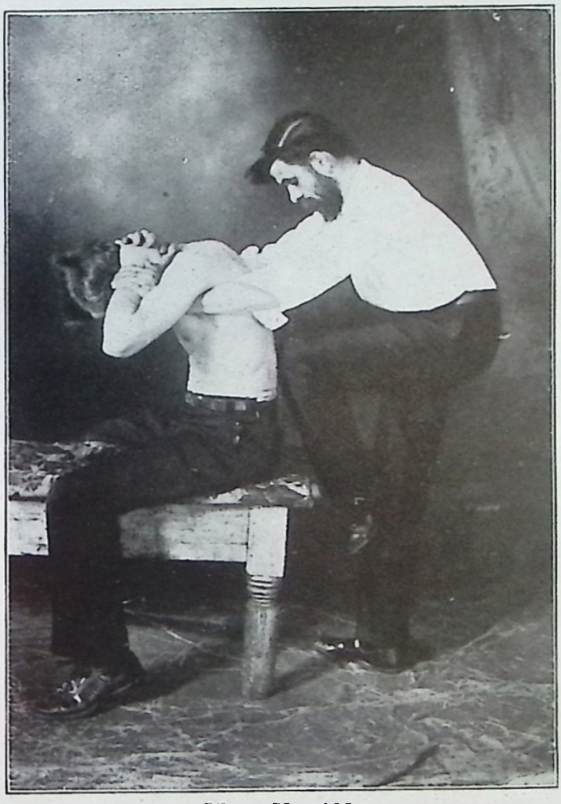
MOVE NO. 108.

The patient lying back downward on table, operator standing at head. The operator places both hands under the neck, letting fingers of both hands meet and give a push towards the posterior median line. Then by throwing the



Move No. 108

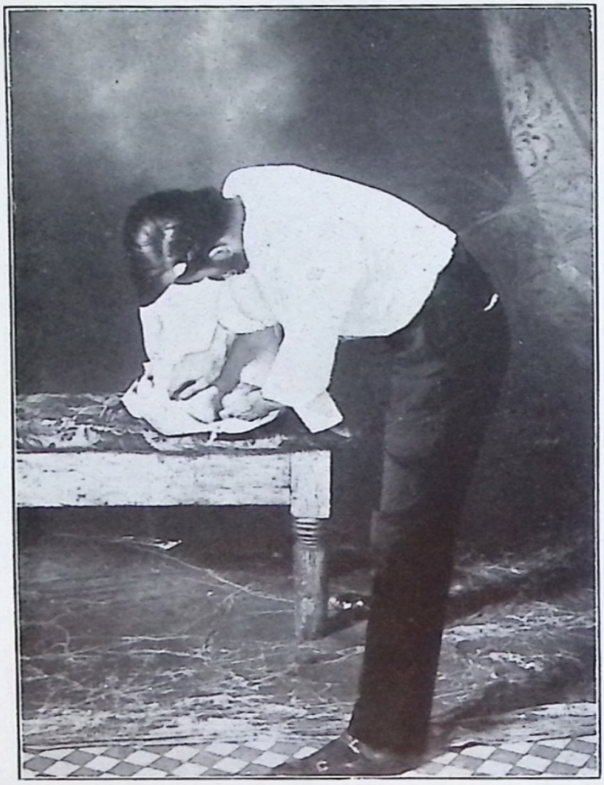
head forward and backward and producing pressure in this direction, would have a tendency to adjust an atlas or axis. (A duplicate of this will be found on page 115 of Rigg's.)



Move No. 109

MOVE NO. 109.

A movement similar to this is shown in a former illustration. The distinction to be made is that in move 109 the operator's knee is being utilized to the end of adjusting the posterior subluxation, particularly in the lower dorsal and lumbar regions. (A duplicate of this will be found on page 123 of Rigg's.)



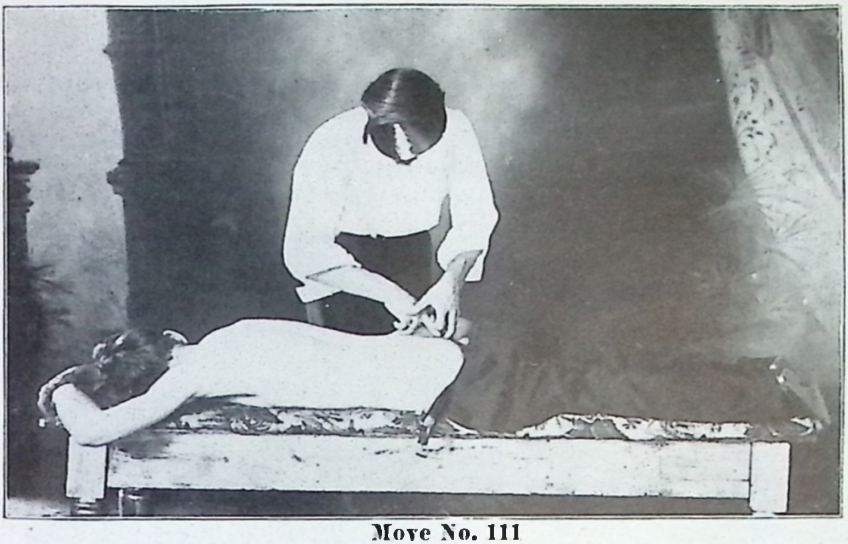
Move No. 110

MOVE NO. 110.

Patient sitting erect, leaning as far forward as possible, sitting over the edge of the table. The operator's third finger is placed at the tip of the coccyx. The adjustment is downward and backward to correct a forward and upward subluxation of the coccyx. This is in use today by some Chiropractors, although obsolete in its form.

MOVE NO. 111.

Patient lying face downward upon the table. The operator's third finger is placed anterior to the tip of the coccyx. The third finger of the opposite hand is placed approximate to the third finger of the hand in position, acting as a brace. The force of two fingers makes it easier to adjust any subluxation of the coccyx which may be anterior and upward.



Move No. 111

MOVE NO. 112

One student conceived the idea that an improvement could be made in adjusting curvatures if the spine was distorted to make it more normal while prone face downward

Move No. 112

on the table. To this end, if he had a left scoliosis, the right leg would be crossed over that of the left. This tends to distort the spine to a normal contour, and does not assist you in correcting the thing needing correction.

MOVE NO. 113.

The patient lying prone face downward on the table. The adjuster's nail hand is placed in proximity to the vertebrae. The opposite hand is at a distance. The movement is one of gripping on the downward jump. This was commonly known as the draw-grip adjustment. It is not exact, and the amount of force cannot be carefully measured.

Move No. 113

Move No. 114

MOVE NO. 114.

Patient lying prone, face downward, the adjuster's entire heel of the heel hand is placed upon several transverse processes. The opposite hand is placed flat against the flattened heel hand and the adjustment given in a slow pushing movement.

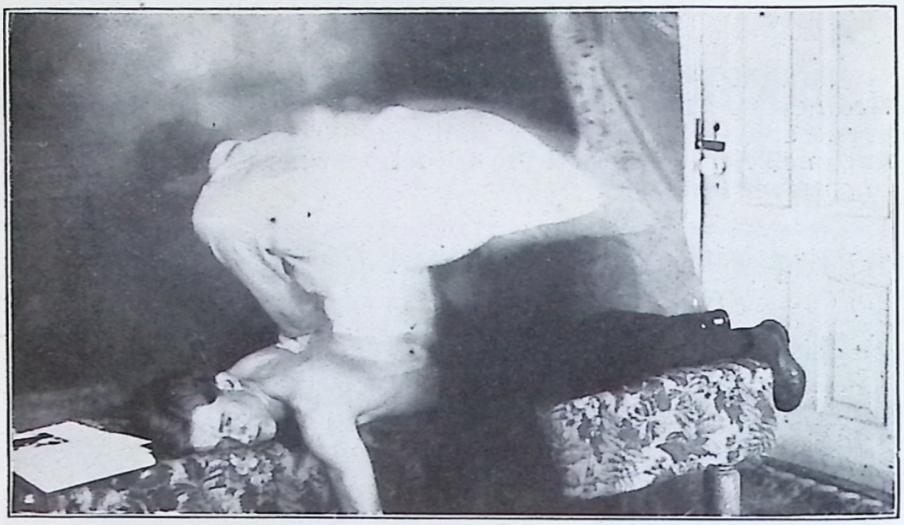
Move No. 115

MOVE NO. 115.

The position assumed by the patient is the same as heretofore explained. The adjuster's arms are stiff. This was known as the stiff arm adjustment, sometimes known as the ram-rod punch. This name explains the line of movement.

MOVE NO. 116.

To explain this more thoroughly, it will be noticed that it is in three movements. It was known as the twisting of the nail hand movement. The adjuster stood upon the side of the patient, his knees bent, and gave a drop and a twist of his whole body, to the end of wrenching the vertebra subluxated into position. This movement was cruel, injurious, and harmful to the patient.



Move No. 116

MOVE NO. 117.

In this adjustment the adjuster stood to one side, keeping his hands in approximation. He would bring his body way back, swinging upward, and then drop downward with a ter-

Move No. 117

rific sledge-hammer blow. The force that can be assumed by such a movement is tremendous.

MOVE NO. 118.

Known as the heel-drop. Patient lying prone, face downward. The heel of the shoe is placed upon the vertebrae in

Move No. 118

question, the arms of the adjuster are placed on the knee, and a sudden downward force given to the leg. You will notice in such moves as this there was no specific phase.

Move No. 119

MOVE NO. 119.

This move was the same as 118, with the exception that the hands were folded upon the knee. It was found that more force could be exerted in this form.

In all these moves so far, there is no tendency to get away from the original principle, which was that of a slow, steady, shoving push.

MOVE NO. 120.

This was commonly known as the prone knee adjustment. The patient is lying prone, face downward. The knee

Move No. 120

of the adjuster is placed in proximity to the spine, the hand of the adjuster placed upon the knee, and a downward force given upon the region of the vertebra subluxated.

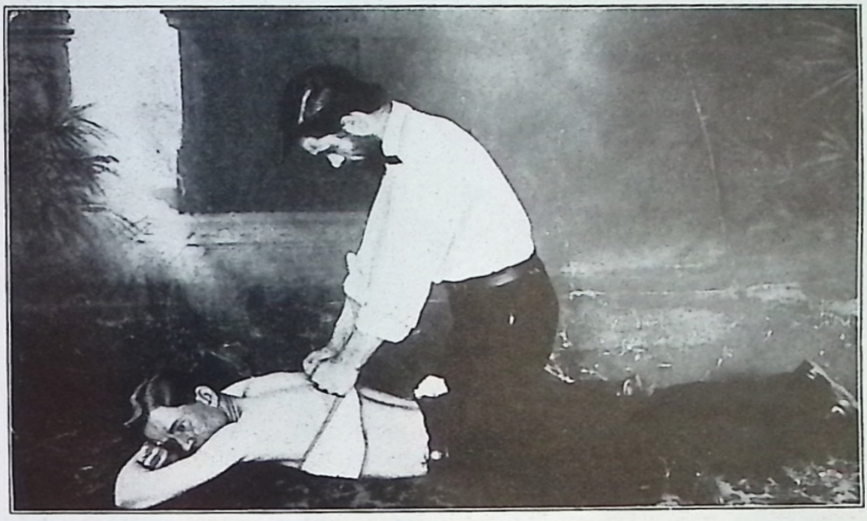
MOVE NO. 121.

This is the much paraded, much-discussed Dvorsky method of napravit. Patient lying prone, face downward, on the floor. Adjuster straddles patient, resting on knees. Towel is placed around chest of patient, the ends of the towel clasped in the hands of the adjuster. The bare knuckles of the two hands are placed in proximity to the transverse processes and a sudden downward thrust is given on the spine.

MOVE NO. 122.

Notice that two transverse processes are involved. For instance, the right fourth and the left fifth, the hand being

so curved that it also touches the spinous process of the fourth vertebra. This is known as "a combination thrust," and is so rarely necessary that it is a joke when understood that it was accepted to be the rule for all adjustments by one class of practitioners.



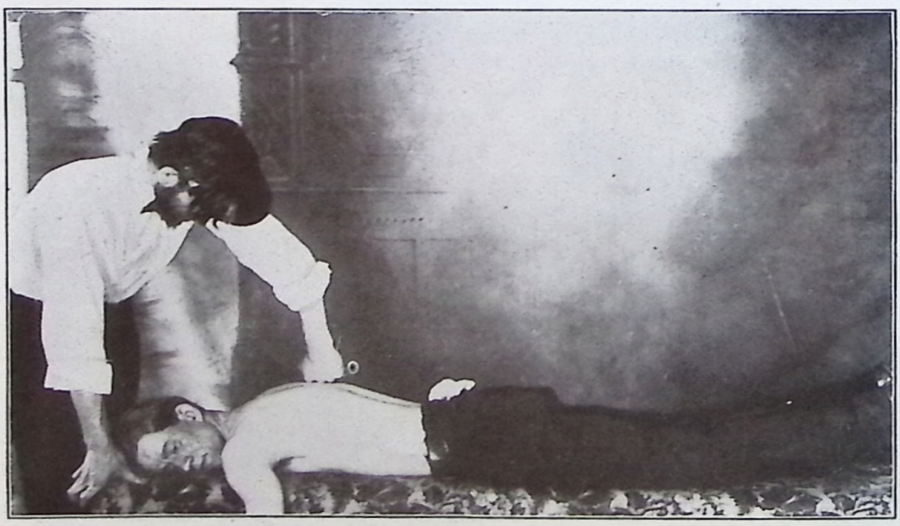
Move No. 121

Move No. 122

Move No. 123

MOVE NO. 123.

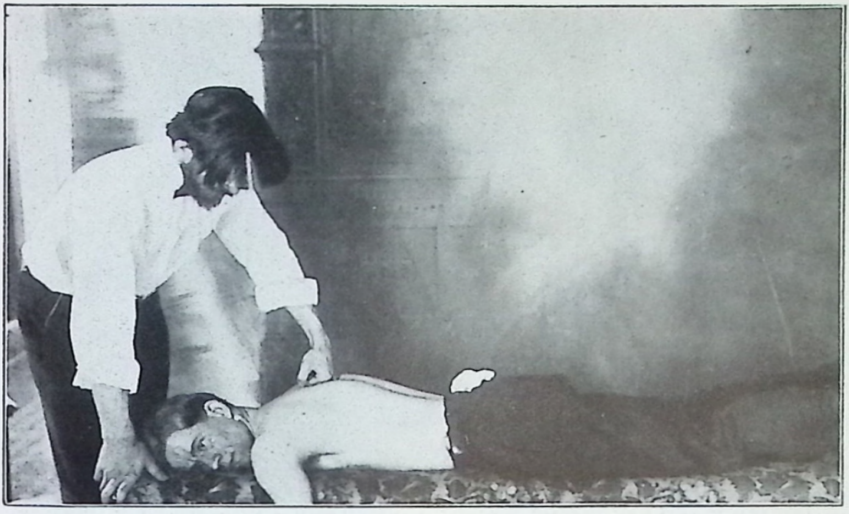
Patient lying prone, face downward. The operator's folded hand is placed knuckles down upon the transverse process on one side. The thrust was given in a glancing direction. Needless to say, no good came of this attempt to mystify the movements involved.



Move No. 124

MOVE NO. 124.

Practically the same as 123, with the exception that the hand is reversed in position. The object is the same.



Move No. 125

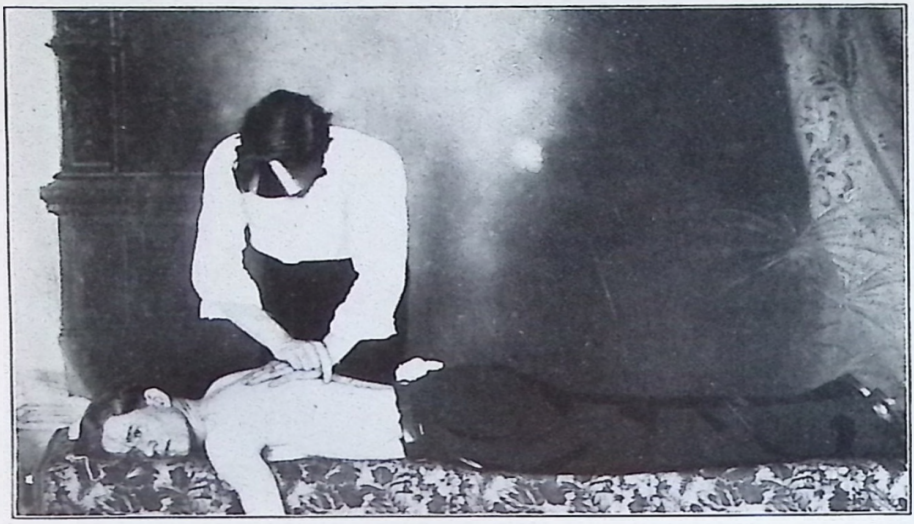
MOVE NO. 125.

Patient's position is the same. The fist is folded and the hand placed crosswise to the parallel of the spine. The center knuckle is made to rest upon the spinous process. The thrust is given anteriorly.

Move No. 126

MOVE NO. 126.

Notice the peculiar position of the hands and fingers. In this instance the superior transverse and anterior on the other was the motive of the adjustment.



Move No. 127

MOVE NO. 127.

By a slight change of the superior hand it was presumed that a different object would be in view, but in reality practically the same adjustment was given as in move 126.

Move No. 128

MOVE NO. 128.

The heel hand being folded, was made to cover a broad surface of the spine. The folded fist of the hand above added force, the uniting of which thrusted many vertebrae. It will be seen that in a large majority of these moves there was no attempt to get to any specific end. No one vertebra was suspected to be subluxated, proven to be by palpation, and then adjusted with that thought alone. The attempt was to mystify and accumulate a conglomeration so that talking points of salesmanship could be argued for sales possibility.

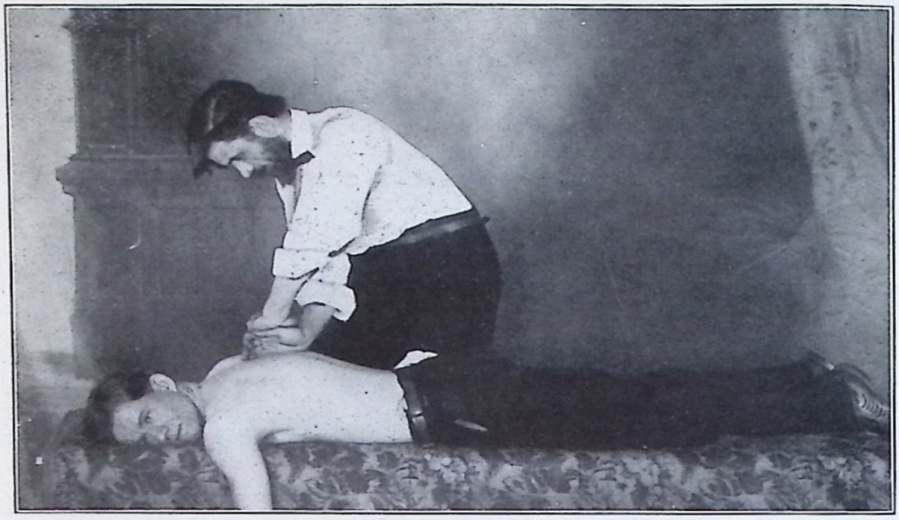
The next few views will carry the same thought in mind. I may say in passing that the majority of these moves were worked out by one man, who only had in view the dollar possibility of selling his goods.

MOVE NO. 129.

The only practical difference between 128 and 129 is the folded fist with the knuckles of the first and second finger

Move No. 129

coming upon two transverse processes instead of the spinous process, and the opposite hand producing a greater pressure thereon.



Move No. 130

MOVE NO. 130.

Notice the right hand of the operator runs lengthwise of the spine, and in this way adjusts five or six transverse processes at one time. The opposite hand gives strength in the thrust.

Move No. 131

MOVE NO. 131.

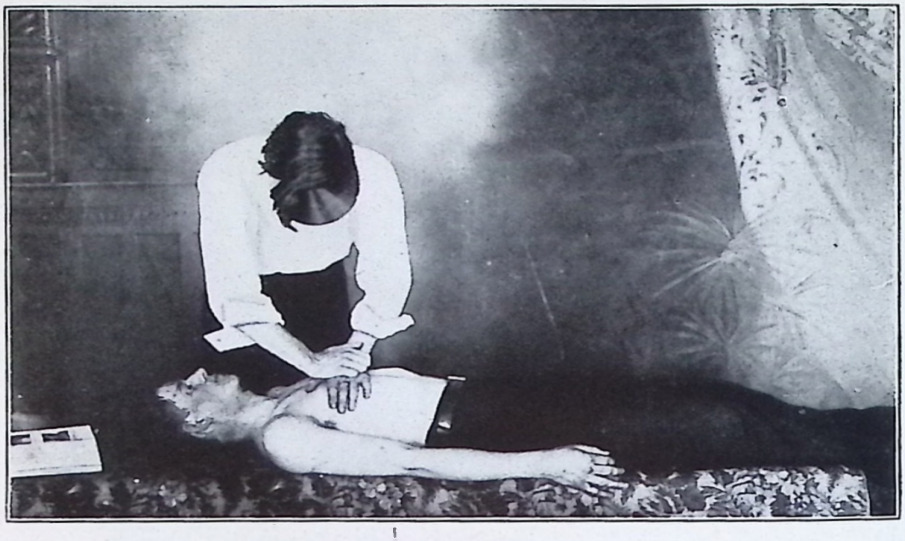
The hand nearest the spine is placed entirely upon one side and adjusts by its knuckles the transverse process of a vertebra above and the spinous process of the vertebra below.

MOVE NO. 132.

The patient lies pdone, face downward, the operator stands at the head of the patient. Operator's right hand is placed flat along the spine. You will find by trying that

Move No. 132

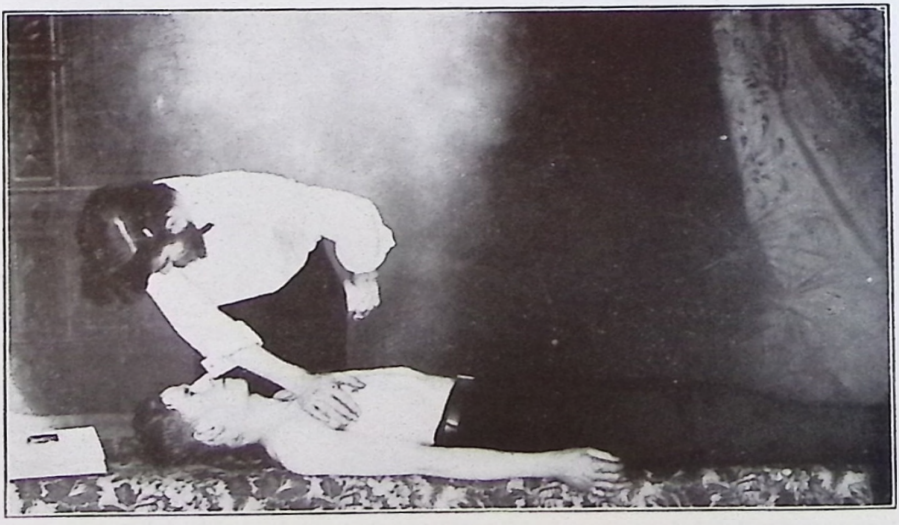
your hand assumes a hollow in its center when flat. This hollow covered over the spinous processes and adjusted two transverse processes of the same vertebra. The opposite hand gave strength in the thrust.



Move No. 133

MOVE NO. 133.

Patient lies prone, back downward. The left hand of the operator is producing pressure upon the sternum. The object of this was to correct subluxations of the sternabrae, if there were any.



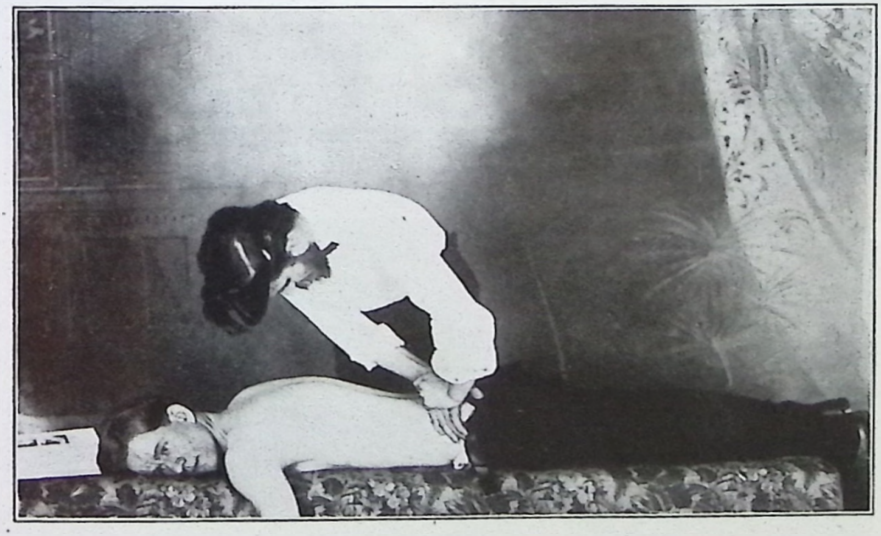
Move No. 134

MOVE NO. 134.

The operator's right hand is placed against the ribs. The object was to give such a thrust that its force would follow the shaft of the rib backward, then by its thorough connection with the transverse processes adjust the vertebrae into position.

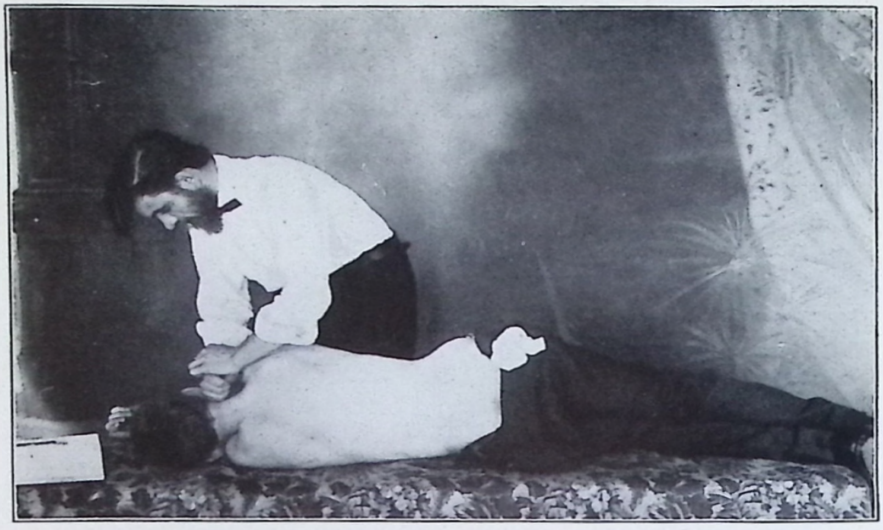
MOVE NO. 135.

Occasionally the innominates become subluxated superiorly. The heel of the operator's right hand is placed



Move No. 135

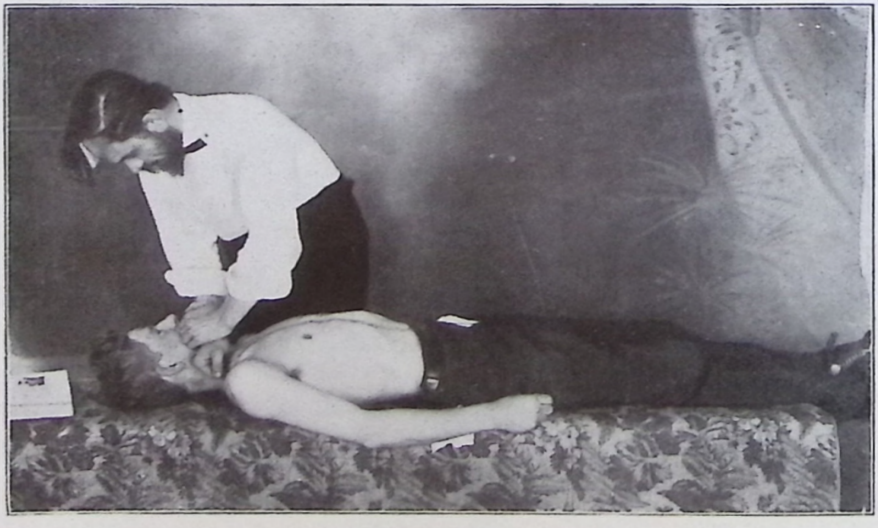
against the posterior superior spine of the crest of the illium. The operator's left hand adds force to the thrust.



Move No. 136

MOVE NO. 136.

Patient lies prone, on side. Notice the kink in the neck. The object was to spread the space between the occiput and the transverse process of the atlas. The folded fist then came down upon the transverse process of the atlas. This could be done on either side.



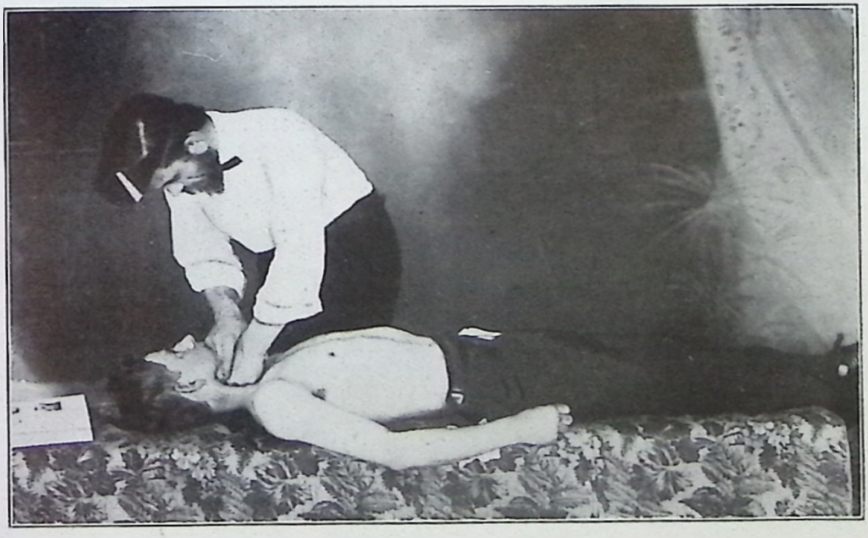
Move No. 137

MOVE NO. 137.

Patient lies prone, back downward. The operator's right hand is placed on the side of the neck, gouging downward through the muscles. The left hand added strength to the thrust of the right. The object was to adjust the transverse processes from the anterior in the cervical region. This could be done with equal facility on either side by reversing the hands.

MOVE NO. 138.

By a careful comparison, there will be seen a different position of the heel hand in 137 and 138. The object was the thought that No. 138 made it easier for the adjuster to succeed in his purpose.



Move No. 138

MOVE NO. 139.

Patient lies prone, face downward, on table. Operator stands to one side and above the place being adjusted. Hands are folded into fists, placed lengthwise of the spine

Move No. 139

and an anterior movement given on the sides of the spine. This adjusted several transverse processes on each side at one movement. Notice the entire absence of anything specific in this line of movements.

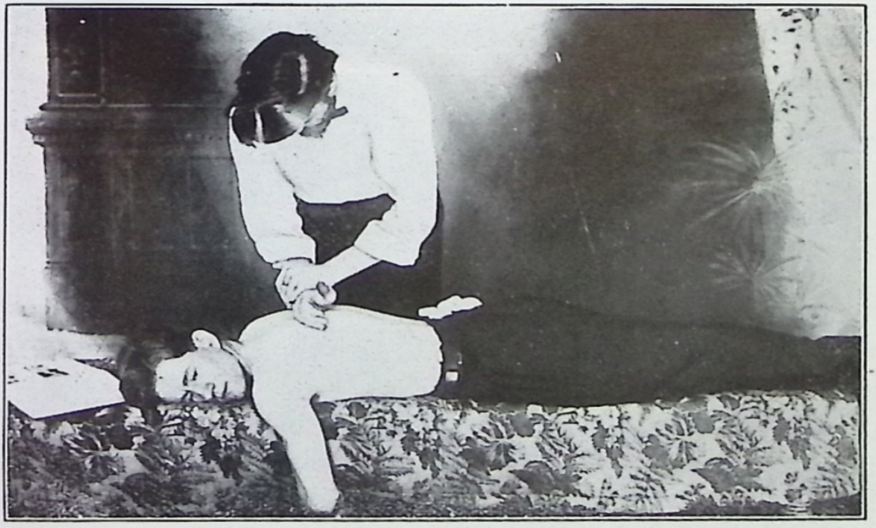
MOVE NO. 140.

Patient lies prone, face downward. Operator's right hand on left transverse processes, operator's left hand on spinous processes. Two or three vertebrae are moved in this way, the object being to oppose themselves. The transverse processes would be above the spinous processes. Thus two or three vertebrae were adjusted.

MOVE NO. 141.

The operator's right hand is placed so that the heel point is on one spinous process and the knuckle point is upon the transverse process. This made what was known as a composite adjustment.

Move No. 140



Move No. 141

Move No. 142

MOVE NO. 142.

Notice operator's left hand is in proximity with two or three spinous processes, whereas operator's right hand is in proximity with two or three transverse processes. This was also another composite adjustment, both thrusts being given at one time, the hands pressing each other.

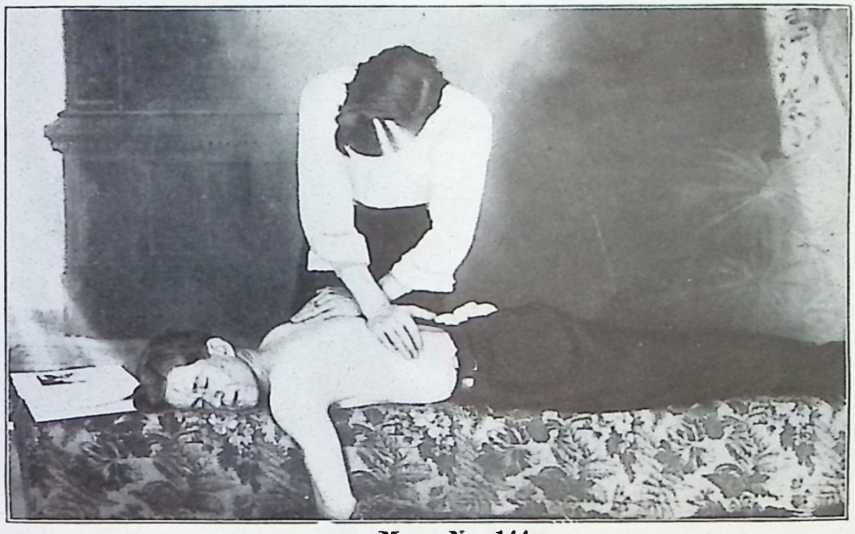
Move No. 143

MOVE NO. 143.

Patient lying prone, face downward. Operator's right hand is on spinous process of one vertebra and inferior transverse process of another. Composite adjustment.

MOVE NO. 144.

Another form of composite adjustment, wherein the transverses on opposite sides were adjusted, although the hands crossed.



Move No. 144

Move No. 145

MOVE NO. 145.

This was known as the crossed transverse and spinous composite adjustment. It is easy to be seen that the operator's left hand was upon the transverse process above and the operator's right hand upon the spinous process of the vertebra below.

Move No. 146

MOVE NO. 146.

This adjustment was known as the double-knee twist. Notice the knees of the "thruster" are bent. The hands are placed on the spinous processes in question. Then, when "the thrust" was given, the body was dropped and twisted upon the vertebra in question.

MOVE NO. 147.

This is also a composite move in the cervical. Whereas the knuckles at the little finger junction were upon the spinous process of the axis, the heel portion of the hand was upon the transverse processes of cervical vertebrae below.

MOVE NO. 148.

Again we meet the issue of the anterior transverse cervical adjustment. Notice the changed position of the placing of the hand.

The set of views which we have been lately describing are the results of several minds working to the end of

composite adjustments. It is needless to say that all of them were a failure, as is shown by the fact that the school teaching this line of ideas soon became defunct because of the inability of the student's work to stand up under the test of delivering results. We shall continue with some of their views to the end of familiarizing you with the class of multitudinous moves that we weed out of the profession at all times.

Move No. 147

Move No. 148

Move No. 149

MOVE NO. 149.

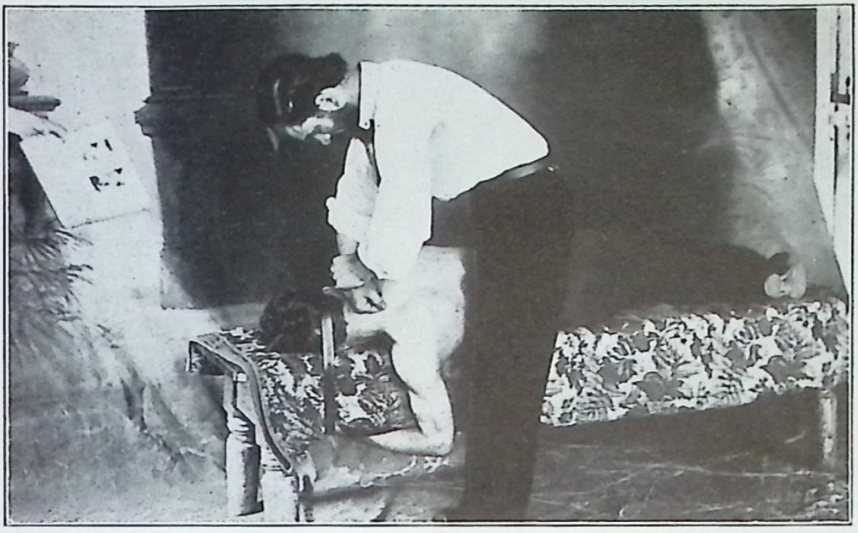
A recent investigator argued that the innominates never were subluxated superiorly—that they were all posterior. To that end he devised the movement shown for the purpose of correcting them.

MOVE NO. 150.

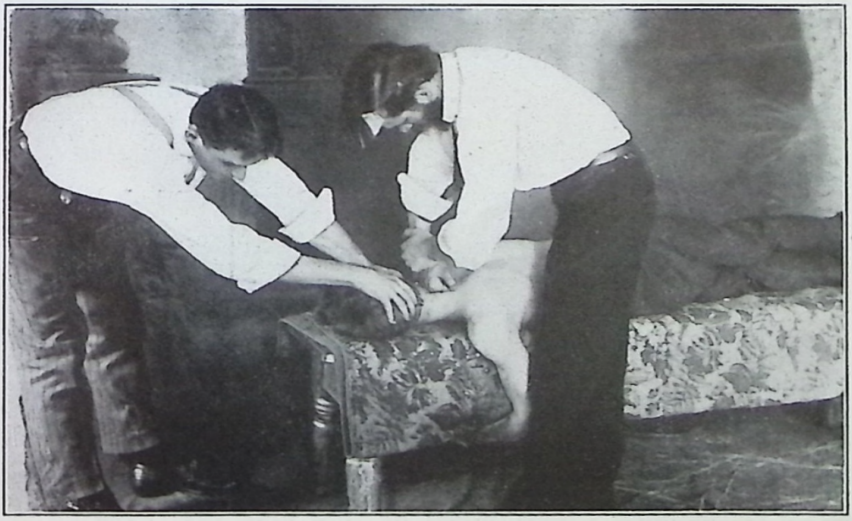
Notice patient is lying on side, arm and shoulder off the table, head strapped solidly to the table so as to permit no flection of movement. Notice the position of the operator's right hand upon the transverse processes of several cervical vertebrae, with an object of getting a lateral cervical transverse adjustment.

MOVE NO. 151.

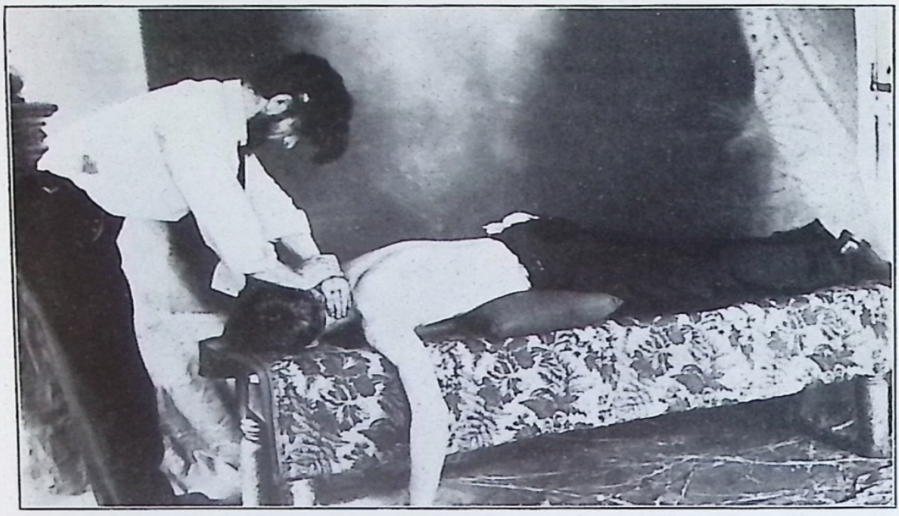
The improvement was made upon this to the extent of stretching the neck with the same thrust.



Move No. 150



Move No. 151



Move No. 152

MOVE NO. 152.

Notice patient is lying prone, face downward, on the table, pillows placed under abdomen and chest. This allows the head to glide upon an incline, downward and forward. With this idea in view, the operator standing at the patient's head placed his left hand upon the seventh cervical process and delivered his "thrust" accordingly.

MOVE NO. 153.

Patient lying prone, face downward, the folded fist of the operator's right hand was placed against the occiput and a thrust delivered to the patient's left and superiorly.

MOVE NO. 154.

Patient lying prone, face downward, head resting upon the table. Notice folded fist with a gap between first and second fingers. The knuckles of both first and second fingers were placed upon two transverse processes and the thrust given accordingly. The object of this was that when the spinous processes become so tender over the previous bunglesome work that they could not be adjusted, then use this in its place.

Move No. 153

Move No. 154

Move No. 155

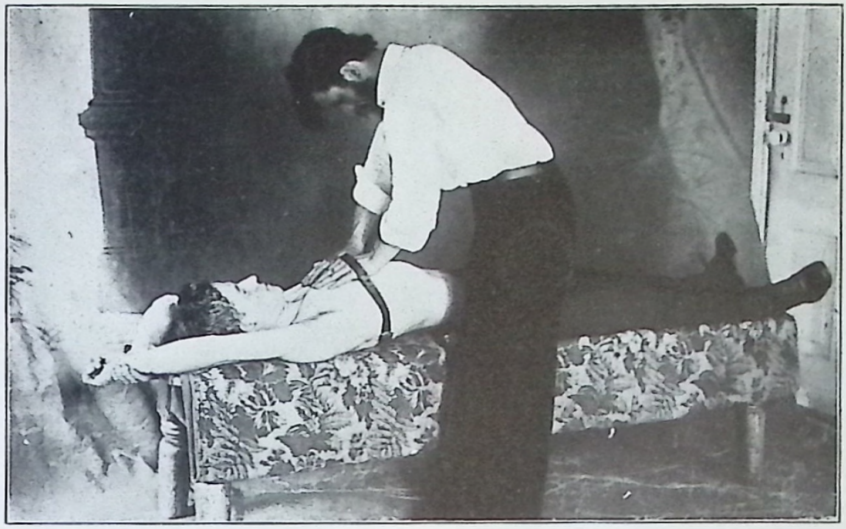
MOVE NO. 155.

Notice the same movement being used here that was used in movement 154, with the exception that it is now being used upon the spinous processes rather than upon the transverse processes.

Move No. 156

MOVE NO. 156.

Patient lying prone, face downward. Folded fist is placed on spinous process. Opposite hand of the adjuster is used to increase force of the thrust.



Move No. 157

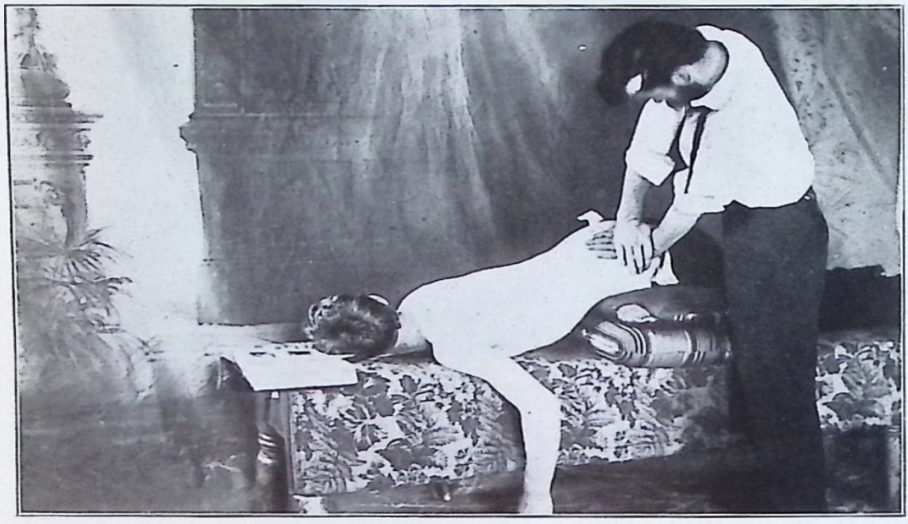
MOVE NO. 157.

Patient lying prone, back downward, hands thrust over head, strap placed around body of patient. With two hands holds at median ridge. Operator's flat hands were placed against chest and a downward movement given on all ribs, the object being to send a line of force backward over the shafts of many ribs with an object of correcting many subluxations at one time.

Move No. 158

MOVE NO. 158.

Knowing that sacra sometimes are subluxated posteriorly and downward, the hips were raised high upon two pillows and the adjustment given on the apex of the same, as shown.



Move No. 159

MOVE NO. 159.

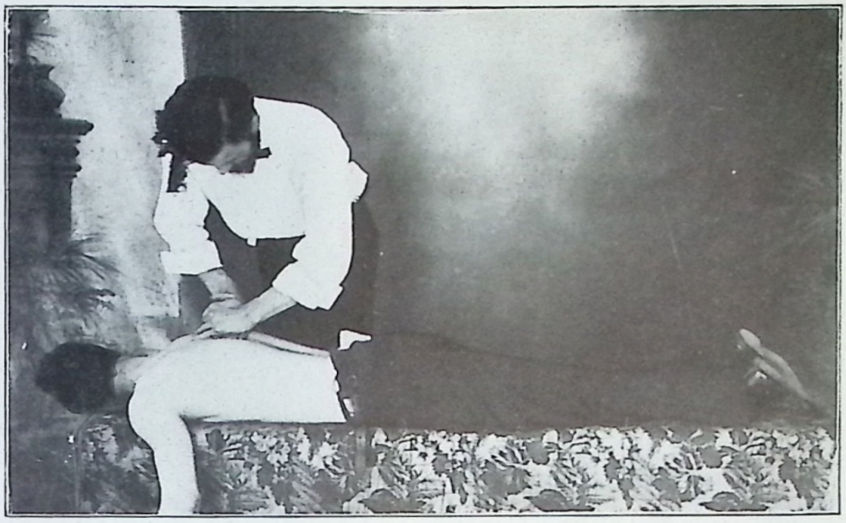
In a subluxated innominate, which was posterior and lateral, the adjustment was given as shown.

MOVE 160—THE CHILD MOVE.

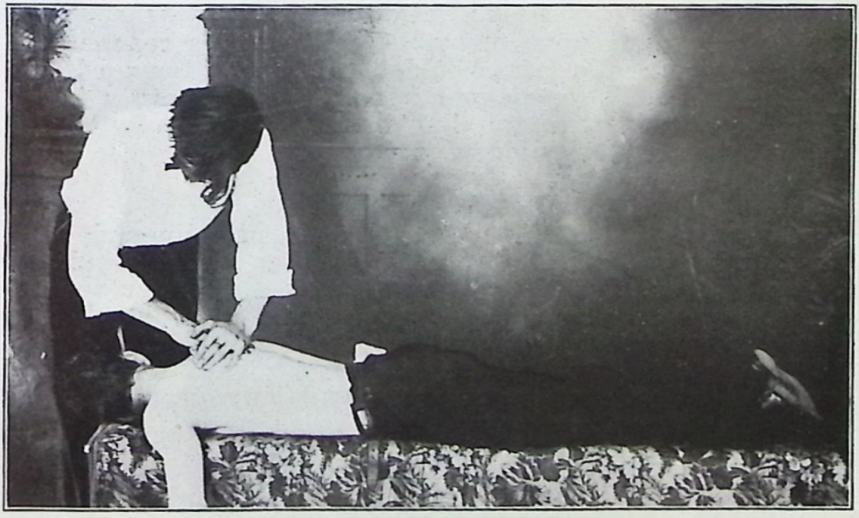
This move is sometimes erroneously known as the Twenty Thousand Dollar move, inasmuch as a death occurred after its extended use, upon which was based a libel and slander suit for $20,000. It was originated by a man for the purpose of adjusting children. Notice that two fingers are spread and placed upon two separate spinous processes, the opposite hand being placed so as to deliver force upon both spinous processes at the same time. Thus it will be seen that one subluxation while being adjusted would produce another.

MOVE NO. 161.

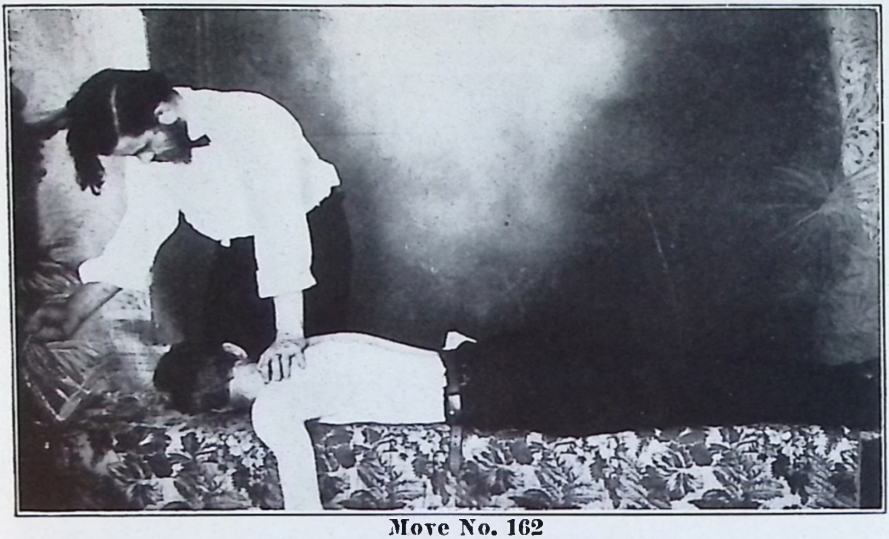
Another view of the child move applied in a different way. Notice one finger tip placed upon the spinous process of one vertebra and the finger tip of another finger placed upon the transverse process of another vertebra. The opposite hand of the adjuster is then placed so as to deliver force on both finger tips at the same time.



Move No. 160



Move No. 161



Move No. 162

MOVE NO. 162.

The patient is placed prone, face downward, the adjuster's left arm weighing heavily upon the seventh cervical, the opposite hand, raised in a fist, strikes the top of the skull very sharply. The object of this was to produce such a concussion of forces that it would adjust any subluxations in the cervical region.

MOVE NO. 163.

Patient sitting upon the table, the operator reaches anteriorly to patient's left shoulder, pulls that forward and towards him, putting the spine of the patient into a twist. Then with the operator's left hand he pushes with his thumb any vertebra subluxated.

MOVE NO. 164.

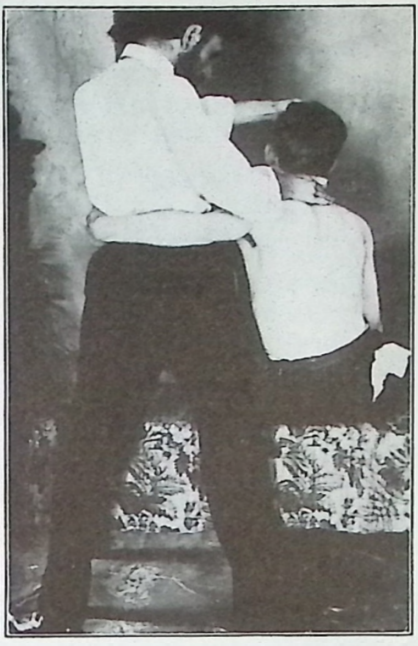
Commonly called the push and pull adjustments. Patient sitting upon table; operator standing to rear and left side of patient. Patient grasps the waist of adjuster, whereas the operator grasps the top of the patient's head with one hand, places his hand against the neck with the other. At the same time the patient grasps the waist tightly and operator pulls or pushes the head and pulls or pushes the neck as he may deem best.

MOVE NO. 165.

Another move of the push and pull principle in the dorsal region.

These movements always were the worst possible, because it put the spine on a kink, when the very thing you were endeavoring to do was to take the kink out.

Move No. 163



Move No. 164

Move No. 165

MOVE NO. 166.

This is what is now-a-days known as the "Arnold painless adjustment." Whether it is painless or not, I leave to your judgment, after you have read the correspondence and articles which have been published on that score.

In the language of Dr. Arnold—as given at the Ohio State Chiropractors Convention, Cleveland, Ohio, February 5th and 6th, 1916—this move is given as follows: "I dislocate the sacrum from the 5th lumbar. I then luxate the 5th lumbar to the 4th; the 4th to the 5th; the 3d to the 4th; the 2d to the 3d, etc., until I have adjusted every vertebra in the spine below the 7th cervical. As you know, if you will study the spine, each vertebra overlaps each other from above downward. I begin below and adjust it downward, and then adjust each superior one downward, so as to make it lap on the one below, which I have caused to be lowered. After I get through doing this to all the

Move No. 166

vertebrae, I give a thrust upon each of the ribs and drive them outward from the transverse processes, going from above downward. To stop half way through this adjustment would mean to leave the patient sick, therefore I never let anything stop me from completing my spine, while giving the same."

In the lecture on Majors and Minors, you are made aware that there have been three periods of adjusting, quantity considered. 1st, there was a time, some eighteen

or nineteen years ago (this is 1916), when we also adjusted every vertebra in the spine, all except the cervical region. We also used the stiff arm shove on the vertebrae exactly as does Dr. Arnold today. What she is giving is not new, neither is the manner. It is new to the majority of Chiropractors, only in so far as they have not heard tell about it before.

It will also be readily seen that this adjust-'em-all method is the very opposite of Majors and Minors; one is the essence of specific work, the other is the dilution of spreading a little attempt over much ground.

It is hardly necessary to say that if Dr. Arnold's theory of adjusting the sick be true, viz.: that you must adjust *all* to do any good, then the theory of adjusting *one* vertebra could possibly do no good. On the reverse, if it is possible to adjust *one* subluxation for one trouble and get that case well, without adjusting all, then the necessity for adjusting all of them falls absolutely flat and is useless, needless and unnecessary work, labor and waste of time.

The fact is that thousands of Chiropractors are adjusting individual subluxations and they are getting their sick well by the thousands. I know of but, perhaps, not over six Chiropractors who are adjusting entire spines. I am not saying that Dr. Arnold does not do some good, but what good happens is a happenstance and not by knowledge. Science teaches us to do what we do by intention, not by accident.

So, as a matter of fact, the present-day sometimes called Arnold painless move is but a digging up of the work taught by us eighteen or nineteen years ago. It is not "new," it is old. The stiff arm action is the old shove idea.

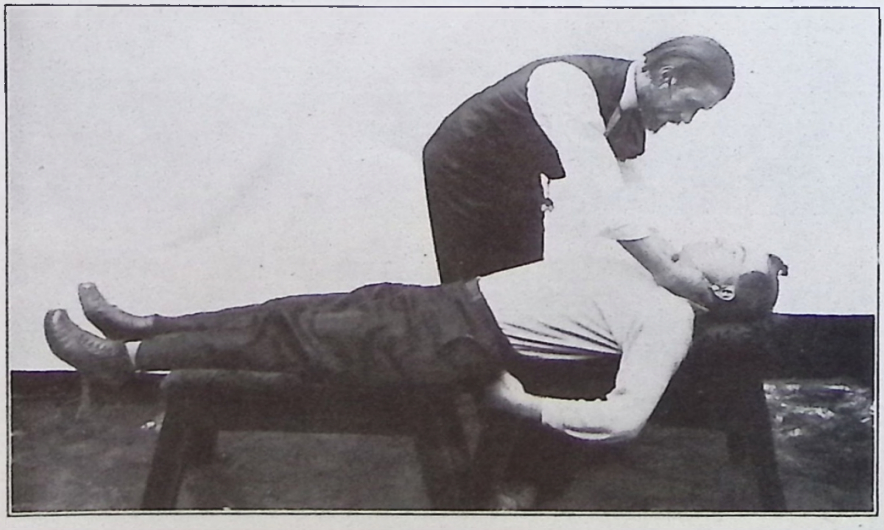
MOVE NO. 167.

This move is given with the patient lying face down on the usual two-piece table. They are placed close together with the body of the patient so far up on the front table that his head rests slightly over the end of the front part of the front table. The usual recoil adjustment is then given upon the atlas. All that is claimed for this move is the new position of the patient's head. The theory is that it increases the distance between the head and the atlas and makes it easier to adjust.

Move No. 167

MOVE NO. 168.

This move has been usually described and sold as the McAdams move. We do not quite understand why it should receive this title, except as he was possibly the first to exploit it in modern times, it being taken for granted that



Move No. 168

the late students did not know of its existence in former times.

To give this move, the patient is lying back down on the usual two-piece table. Standing to the side of your patient, towards the feet, it can be seen that in approaching the atlas, that which would be nearest you would be the anterior portions of the transverse processes. By placing the tips of the thumbs upon the anterior portions of the distal tips of the processes and, with clinched fists, bracing the thumbs, making them stiff, you can give quite a sudden forward thrust and move the entire atlas posterior on both sides equally. The assumption here is that you can and do have an anterior subluxation of the atlas, both sides being subluxated equally.

MOVE NO. 169.

This move has been frequently known, in our salesmanship circles, as the "T. M. on the Dorsal." It is done in

Move No. 169

exactly the same manner as the T. M. on the cervical vertebrae, with the common exception that the point of contact of the thumb is on a dorsal subluxation, and instead of using the head alone as the fulcrum, the entire head and neck is used. In this move the patient is sitting on a stool, table or chair. It is not generally advised to be used below the 3d or 4th dorsal, although every once in a while some new wrinkle is added by somebody having a new method to sell which advocates a lower and lower region. I have known of moves being sold which advocated the T. M. on as low as the 5th lumbar in this manner, using the body as the fulcrum rather than the neck.

MOVE NO. 170.

This move is known as the "T. M. on the bench." By bench is meant the adjusting table. The patient lays back down. The Chiropractor stands to one side, places his one hand under the patient's spine, placing his thumb upon the spinous process of the vertebra to be adjusted, then

Move No. 170

with the other hand firmly grasps the patient's head and neck in such a manner as to use it as a fulcrum, then with a firm twist of the two hands, opposing each other as to direction, the sudden thrust is given and the adjustment is assumed to be given. Stand on same side as subluxated. Is usually taught to be used on 6th-7th cervical and 1st dorsal.

MOVE NO. 171.

Some Chiropractor, not being satisfied with the results he did not get from this method, desired to improve upon the same, and did, by having the patient lie face down,

Move No. 171

rather than back down, as in Move No. 170. The movement was then given in exactly the same manner, same purpose, with the exception that he thought he could do it easier. For a while it had a ready sale at $5.00.

MOVE NO. 172.

This move is possibly as much a favorite as any that is now the fashion. For, let it be remembered, moves have styles as much as women. Some man becomes hard-up, needs the money badly, up comes the cry of new moves and their marvelous facilities to do what hasn't heretofore been done; and lo! he is besieged with night classes to learn—and secure an early diploma.

The Rotary, or Ely, move was not discovered nor invented by A. R. Ely. His statement was to that effect before one of our conventions. It is delivered in the following manner: The patient lies flat on his back on the usual two-piece table. His head is extended above and beyond the upper portion of the front table. The Chiropractor stands at the head of the table, his knee (no matter which) rests against the table. The patient's head rests on the

Chiropractor's knee. The two hands of the Chiropractor grasp about the neck of the patient, letting his index fingers touch the spinous processes of the cervical vertebra in question to be adjusted, it being any one of the six involved. With his fingers upon the spinous processes, the crotch of the hand, on either side, will surround the neck and come into direct contact with the transverse processes. The patient's head is then pulled toward himself and a pushing upon the vertebra indulged in, both with the index finger and the crotch of the hand, upon the transverse process of the side upon which it is subluxated. The vertebra will be heard to "pop" and the conclusion will have been reached that it moved.

MOVE NO. 173.

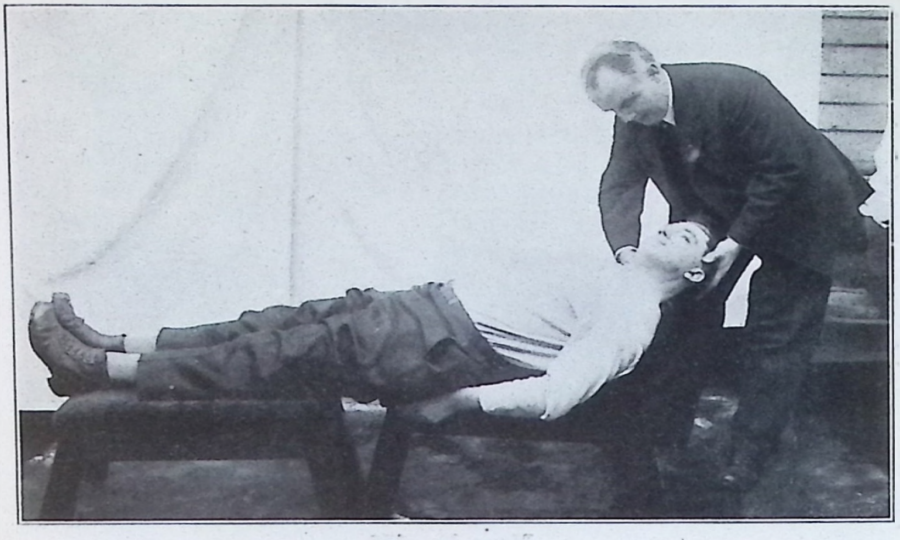
This move is sometimes known as the "Double Transverse T. M. on Cervicals." The patient is sitting. The head is grasped in the one hand just the same as for the usual T. M. The other hand is free. The thumb is placed upon the transverse process of one vertebra, the third finger is folded, i. e., doubled. The knuckle is then placed upon the transverse process of some other vertebra. The hand adjusting is rigid and the head used as a fulcrum. This adjustment is given where, for instance, we had a left 1st and 3d cervical vertebral subluxation. The 1st finger is straightened and locks itself around the neck as much as possible, this keeping the hand from slipping.

MOVE NO. 174.

The Break or Brake (it being spelled either way) is given with the patient lying back down. The tips of the fingers palpate, while the hands are gripped around the neck. The nail point can be anywhere between the first finger tip on up to and including the thumb crotch. The finger tip would be nail point if used against the spinous process. The thumb crotch would be nail point if the transverse process would be adjusted. The work is given with both hands around the neck, lifting the head free from the table, with the thumb tips placed firmly on the jaw on both sides. The actual movement is given with either hand, according to which side the subluxation is on. The head is placed on a pull and side twist kind nature of action.

Move No. 172

Move No. 173



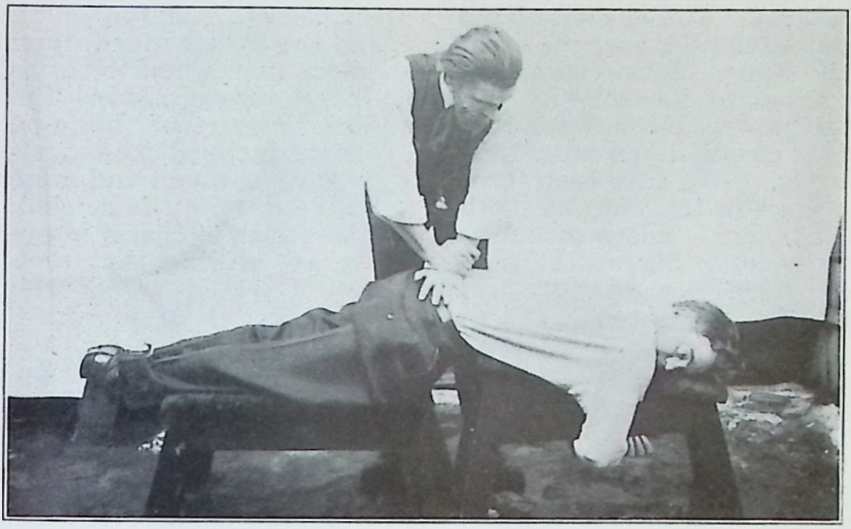
Move No. 174

MOVE NO. 175.

In this move, directed largely to adjustment of the lumbar vertebrae, it will be noted that the front table is reverted, the part ordinarily to the front is placed to the rear. The rear portion of the two-piece table remains the same. The front portion is turned around so that the high end comes largely under the abdomen. This throws the hips high and makes a pull downward and backward with the legs. The theory advanced here is that it separates the sacrum and lower lumbar from the upper ones and makes it easier to adjust the vertebra subluxated. The ordinary method of adjustment is given. The only question here is position, rather than a move.

MOVE NO. 176.

The lumbar vertebrae and the cervical subluxations seem to come in for more moves than the dorsal region. We take it for granted that the reason for this is largely based on the fact that both of these divisions are difficult for the average Chiropractor to adjust. Not wishing to take the time to practice, and not wishing to concentrate his mind to learn how to take a correct method, he is naturally looking for some short cut to success on these portions.



Move No. 175

Move No. 176

In this lumbar adjustment we find just a slight wrinkle of difference than in Move 175. The position of the body of the patient and the tables are the same. The flat of the adjusting hand is placed on the vertebra so that the crotch between the heel and the palm of the hand cover the process in question. The hand is placed flat on the back with the fingers extended toward the head of the

patient. The opposite hand is then placed, heel for palm, palm for heel, over the other one, and the thrust given upon the same. Some claim this gives more power and concentration to the action. Whether these moves possess the advantages claimed for them by the promoters of this age, is a question you must settle if you are inclined to experiment. We have been through this work so much and gone so far, in the years past, that to us the question is settled. But there is a love for antiquities that seems to instill many to want to dig up the past, and we are willing that they should if they so wish.

MOVE NO. 177.

This is known as the lumbar laminar contact. The nail point of the adjusting hand is placed on the lamina of

Move No. 177

the vertebra rather than on the spinous process. From the photographic appearance it seems the same, with the exception of this difference.

MOVE NO. 178.

This is the transverse dorsal adjustment, using the head as a fulcrum. In going through these moves you will see many differences which are really different without any difference, except as each fellow gives it a new quirp. In this move the head of the patient is placed up near the end of the table, the adjusting hand on the transverse process, the other hand uses the head as a fulcrum, drawing

Move No. 178

it back and away from the direction on the side of the adjustment. It will be noted that for ease of facility of action the hands cross. It is not as awkward as it seems.

Move No. 179

MOVE NO. 179.

This is a phase of transverse process adjustment on any dorsal. The patient is sitting. The thumb of the one hand

is placed on the transverse to be adjusted, and the other hand grasps the shoulder on the side to be adjusted. The shoulder girdle is then jerked back, being used as a fulcrum, the same as the neck is used in some of the other moves. The application is to any of the vertebrae that it is possible to adjust. The limit seems to be the limit.

This move was illustrated to us by a travelling Chiropractor who claimed to have originated it. He had more time to travel than he had to manage a practice in his home town.

MOVE NO. 180.

As an improvement on Move No. 179, the patient is placed face downward on the table, with the exception that the vertebra to be adjusted is placed at a point immediately over the edge of the front portion of the front table. The head and all that portion superior to the edge of the table is used as a fulcrum and the thumb of the opposite hand is placed on the transverse process of the vertebra to be adjusted. This is a form of T. M. on the Bench, but it takes in anything between the 4th to 8th dorsal. It may seem difficult to give, but time will make you an adept. The head is bent not only to the side but backward, over on the shoulder of the side of the transverse to be adjusted.

"PAINLESS" ADJUSTMENTS! (?).

It would not be proper in this resume of "moves" to leave out those we could not illustrate. There are many so odd, peculiar and fantastic that it would be impossible to do them justice a la photo. For instance, it would be one of the impossibilities for me to photograph a "painless adjustment," and yet this fiasco went through our ranks like a hungry boy after hot cakes. It never did look good to me. I held aloof. Today where is it? Another one of the hastily conceived, ready-to-wear garments that fell to pieces as soon as worn. If such a thing could be, its use would be idealistic, but this age has not it, nor will the next, nor any so long as man permits his spine to become chronically misplaced, when feeling is involved in its correction, nor even when man reaches such a state of intelligence that he will have subluxations corrected as soon as they occur. They then will hurt because of their acuteness, so "hurt" ("pain" in some degree) is one of the things sense must recognize. It would be inconsistent to conceive it otherwise.

The following correspondence and its publication will explain itself and its purpose. I name the publication and its date for reference, should you care for it. While lengthy, it is necessary to open and close the argument, the whole being essential in this historical resume of "moves."

"WHY I AM SUCCESSFUL."

(From THE CHIROPRACTOR, Convention Number, Sept.-Oct., 1909.)

It is the purpose of this paper to set forth as clearly as possible and within the limitations imposed, a few of the processes whereby I have attained some degree of success in the work that we hold in common. The successful practitioner of our science must *cure* stubborn ailments; his purpose is to *heal* the sick, and he must *make good.*

The human equation is ever a factor in estimating the quality and character of a person's work, no matter whether it be in the department of science, art, or literature, or in the *treatment* of human ills. In the *curing* of dis-ease, the *personal factor* plays the most prominent roles, and the personality of the practitioner is a matter of *paramount importance.*

I attribute to myself no other conjuration than this: I love my work, and bring to it daily an ever increasing supply of enthusiastic belief in its efficacies. This conviction is rooted in wide experience, in repeated demonstrations of its power, and in a faith that has evolved triumphs of restoring health where all other *treatment* has failed. First of all,

then, we must have a love of the work, a *faith in its claims to heal,* and a *belief* in our individual power to demonstrate its worth.

Next we consider the *treatment—that common territory of Chiropractic Adjustment* which we *all* practice, though each may have a variation of his own invention or application. Some may even add to the original conception general processes which are allied to *other* schools of healing. Now, I count the *palliative adjuncts* that I employ another strong factor in my success. My reason for using them came about in this way:

For a short period of my life I lived in a country village and was dependent for my support on the business resulting from trade with farmers. Hard times followed a crop failure, while a bumper crop brought prosperity, both conditions being due to the whimsical fluctuations of the weather. The arduous labor of an entire year might be ruined by a drought. I used to argue, "Why not diversify?" Why not have several crops? And then figure that though corn will wither and drp up in the drought, the alfalfa will thrive in it; though one crop will mildew in wet weather, another would double its production. Thus the resources could be depended upon. This diversified farming is now the basis of scientific agriculture, and I have applied this belief in diversification to my work. When I started out as a Chiropractor I analyzed the mistakes of the medical profession. Why has the medical science failed to accomplish what it set out to do? Why has it failed to cure humanity? I found the answer quickly enough. Medical science has failed to redeem its promise because it was satisfied with its books written centuries ago. *It was in a rut,* and blundered on because it depended on a few leading authorities, purely medical or surgical. Outside of this rut its students would not move for fear of sinning against the ethics of orthodox methods. I resolved *never to follow in any rut, be it right* or wrong; never to be satisfied with what someone else had taught me; but to persist in finding out for myself what is best, from any available source, and to use what *appears* to yield the best results. The old belief in the diversifying of crops still clings to me. I keep up with all that is new in medicine through two medical journals, and *follow the experiments in all recent surgical discoveries. The perusal of these magaines is a continual vaudeville performance, I assure you.*

I regret to say that some of the Chiropractors I have met closely resemble our friends, the M. D.'s, in that they are in a rut on spine setting. Several years ago I was severely criticised for using adjuncts. It was said of me that if I could move spinal vertebrae I did not need adjuncts. Those of you who still hold this idea are not only in a rut, but what

is more disastrous, *are minus patients.* Those of you who have concluded as I have, that everything in life moves in circles, have attained success. Most of you may not agree with me, but I am successful because I am willing to use all means that help a sick being. *I know nothing in the drug line that will cure dis-ease,* but if there were any drug that would help me cure a patient quicker than I do now, I should cause that drug to be employed. I share with you the conviction that there is no drug which can cure dis-ease (it is even a concession for us to call them palliatives), for while its primary effect may be relief, its secondary effect is some complication which requires other drugs to combat. There is no end to the drugging habit but the grave.

The intelligent person of today does not want palliation alone, he wants a cure, and *a cure depends upon the replacing of the bony structure of man in its normal position.* I use the science of Chiropractic to replace the bony structures of man in its normal position. But, my friends, what holds this structure in place? Isn't it cartilagenous and muscular fibre? Of course it is. If setting the bones right would make them stay in correct position, one adjustment would be a cure. But you know we have to give adjustment after adjustment, until we have made the system build intervertebral cartilage to hold the vertebrae in place. Now what *helps* build this cartilage? Food does, for one thing, and while we depend upon the nerves that supply the region to assimilate the food, we know that some foods, or combination of foods, build cartilage quicker than others. *For this reason we must deal with the science of Dietetics.* A proper instruction in the diet of patients is the first necessary adjunct which a successful Chiropractor must use.

Have you never had an acute case where spinal adjustment did not suffice? I have, and I found Hydrotherapy a wonderful help. *The successful Chiropractor would do well to add this to his stock of adjuncts.*

When you send your patient away *cured,* do you want him to stay cured? I do. I want him to know how to live right and how to take care of the normal structure I have given him, so I teach him physical culture and hygiene, and I find them wonderful *allies.*

These are the adjuncts employed in my work, and they are a vital part of the success of my practice.

The patient that we attract is not of the character that follows blindly a medical prescription. He is athirst for knowledge. He usually tells the story of an experience with various systems of medication without relief, and when they come to us they are all from Missouri. We cannot mystify them with a difficult diagnosis, or bamboozle them by writing prescriptions in Latin with a know-it-all frown on a solemn

countenance—they have had enough of that, but we must *show* them. The ignorant do not come to us. They are satisfied with the old conditions of dis-ease. A certain amount of sickness is accepted as a necessary evil—either the Lord sent it or it is part of man's unhappy lot here below. *They do not understand that health or illness comes as we desire; that it is for us to say whether we be sick or well. Intelligent people know that man is master of his own destiny and has the final word to say about his own health.* Let us enlighten our patients so that they understand the working of the human body, then the Chiropractor becomes the teacher as well as the healer, and in one generation the old adage, "Every one at the age of thirty is either his own physician or he is a fool," will have become a veritable truth.

Another great factor in my success is an ambition to do all things a little better than anyone else can do them. When I remembered the able practitioners who had preceded me, it seems impossible to excel them in their skillful work. I had been so wonderfully cured of so many dread ailments that surely there is nothing to be done for humanity which my predecessors had not done, and for a while I followed in the rut, giving the adjustment as I had been taught. But as my practice grew there came to me patients who were so very ill, or so very nervous, that they could not stand my work, and I saw then that an improvement could be made in the line of an *easier thrust.* The idea of moving the vertebrae without shock to the patient so possessed me that I lay awake at night searching the depths of my creative ability for a *painless thrust,* and it came to me. For the past three years I have clinked each vertebra of the entire spine without pain or discomfort to the patient. With this thrust I cannot jump about here and there in the spine, but must start at the sacrum and end at the occiput, and I have the satisfaction of knowing that I have set every vertebra where it belongs, namely, plumb against the facet of its neighbor. Study and practice have given this skill, and though the "*ne plus ultra*" of what can be done seems to have been reached, I am ever searching for more light on this most wonderful work.

ALMA C. ARNOLD, D. C.

DISCUSSION.

Dr. Palmer: Behind this paper stands a story. Dr. Arnold is acknowledged to be a good mixer. I asked her to write a paper on this question, knowing that she is successful from a monetary standpoint. She asked if I "would be game to read everything she would write." My answer was that "I would read anything she would write, with the understanding that it was open for discussion." She said, "I am game."

I was trying to think *what kind of a Chiropractor* a person would be who persistently used the words "cure" and "heal" in a public paper.

It has been said that the personal factor was of paramount importance. I would say it was of little importance. Some people prize their educations and the possibilities that great educations do, but give me the person with the greatest education and one with the least and let them both give a Chiropractic adjustment, and *results* are the product of both. Give me the person with the least possessing personality, and the person with the strongest; teach them both Chiropractic analysis; give them cases as near alike as possible and they would both deliver results. I would discount, then, very much the personal factor, and I will show you today the best boys we have in the field are the boys who have the least prepossessing personalities, but they are able to deliver results, and *results count.*

Dr. Arnold has said that we must have "faith" in the claims of Chiropractic to "heal" and "a belief" in our individual power to demonstrate its worth. *Faith* and *belief* are two words belonging to witchcraft and superstition and of the dark ages. It makes me think of a man in a prison down below the water's surface in a musty, dirty, underground dungeon; that man has a "faith" and a hope that something will deliver him from such a place. "Faith" implies a hope and a lingering thought that maybe something miraculous will occur for which no *law* can be applied. Belief implies, "If I could think that two times two would make sixty-four I could get out of here." "Faith" and "belief" are not *knowledge. Faith* and *belief* are triumphant words in the medical, osteopathic and religious ranks, but never to the Chiropractor. The Chiropractor is a man of *knowledge,* even though it be but little. What he knows he knows, and it is not necessary for him to use *faith* in its claims to *heal.* On the reverse, he can say confidently, "I *know* it is not my individual power which determines the worth of Chiropractic. It is the uniting of spiritual with physical. It is delivery of adjustments that accomplishes that."

"Next we consider the treatment, that common territory of Chiropractic adjustment." I might as well have said, "Next we consider the black room, which is the common territory of the white room," or "the Holy Good Book, the resting place of vileness." The Chiropractic adjustment is not a treatment. One has only to do with a cause, and the other has only to do with effects. The world in which that word "treatment" plays is the surrounding ground of symptomatology. Never in the ground possessed by a knowledge of cause.

The diversification of crops is well to be considered. This is practical providing we could look ahead and know just what amount or absence of rain we are to have. The diversification of crops is certainly worthy of consideration, providing the farmer could tell just what kind of seed to put into the ground to suit just the kind of weather to come in the months ahead. *That he does not know. It is purely guesswork.* This is given as a typical example as to *why* to add adjuncts because of the guesswork of the farmer. That is a very good reason why the human body is a place to practice guesswork. I hardly think the logic good.

There seems to be a thought of faith and belief creeping in, for the evidence goes on to state of the application of these new ideas derived from medical journals and surgical experiments, that that is what appears to yield the best results. If I had something and it gave results, *I would know it.* Not necessary to appear to *yield.* I would know it did or did not *yield* best results. When it *appears* to do this, that is a question of "faith" and "belief," and certainly Chiropractors are not pinning their confidence on faiths and beliefs and "what appears" to be.

This hybrid Chiropractor *(if such a contradiction could be)* aims to keep up with all that is new in medicine through two medical journals, and follows the *experiment* in all recent surgical discoveries. "The perusal of these magazines is a continual vaudeville performance, I assure you." In other words, if you will step into my office and watch me change from this, that, and the other, you will see a garret filled with the spinning wheel and this and that and the other thing which I have abandoned and taken up something else. I wonder if the Chiropractor is to do that. Will he drop Chiropractic for something new tomorrow? *A principle is a principle, and the truth is the truth, and truth and principle have never changed.* If Chiropractic today is a principle or is a correct interpretation of a principle and the truth, *then it is not necessary to change or keep changing, or to be making "vaudeville performances"* out of our principles. "Those of you who still hold this idea are not only in a rut, but, what is more disastrous, are minus patients." The *biggest* practices in the field are by men who *do not mix,* and those who have the smallest practices and get the least results are by far those who *do* mix. One Chiropractor coming to this convention left sixty patients at his home town. He is losing sixty dollars a day while here. That man left the school four months ago. He would not mix if you would give him everything to mix with. I know another that left fifty-eight patients and you could not get him to mix, and I repeat that over one-half of the visitors have left not less than thirty to forty patients a day. They are not mixing, so that the statement that they "are minus patients" hardly looks possible.

The fundamental basis of medicine in its application, either internally or externally, is to treat effects and symptoms, and anything which treats effects and symptoms, either externally or internally, is the practice of medicine, and yet admitting that such is done in this case, the statement comes forth, "I know nothing in the drug line that will cure disease."

"The intelligent person of today does not want palliation alone, he wants a cure, and a cure depends *upon the replacing of the bony structure of man in its normal position.* I use the science of Chiropractic to replace the bony structure of man in its normal position." Ought more need to be said? If it is true that a "cure" depends upon a replacement of the bony structure of man in its normal position, then why use anything else? Is it on the ground that it is necessary to deceive or bamboozle your patient? To give him a whole lot of this, that and the other thing, to make him think he is getting his money's worth? Is it necessary for a Chiropractor to misrepresent his profession to make more money? If this statement is correct, then why all the rest of the adjunct business? If all that is necessary to restore function is to adjust the subluxation, then why treat the effect? Why put a hot cloth around it? Why an ice bag around or an electric battery to stimulate it? Why soak it in hot water? Why do anything else but adjust the subluxation? Some students of Chiropractic seem to have the idea that you must misrepresent and deceive your patients to make them think they are getting their money's worth. The question has arisen, "What helps build this cartilage?" Naturally, foods, and then man takes it upon himself to tell *what* food builds cartilage, but I would like to know *how* man *knows* what foods build cartilage. How does any man know? Can it be possible that man with his eyes has ever looked between vertebra and watched the food build? Hardly. That man would be dead if he had. A live man could hardly see anything built in a dead man. How a man knows that one food builds cartilage and another does not is purely a matter of conjecture and has never been proven.

This reminds me of a trip I made some years ago out on a lone road. It began to rain and I drove into a barn. I went into the house and found the farmer in bed. Some six months before the man had fractured his femur. The physicians had argued on the theory that it takes *bone to make bone.* Therefore, "we are going to grind bone and you must eat it, because when more bone is digested, more bone goes to where it is needed, and the bones unite"—but the bones *did not unite.*

Then they argued that what he wanted was starchy material. Then they said they "believed he was weak. We will give you some things to make you strong. Blood from a

nice *strong* bull, and that will give you strength," on the supposition that each one of these was a food, and "some foods built bone more than others." They even went so far as to put in glue, but that didn't make the bones unite.

I had at that time a Chiropractic idea that there must be a subluxation. I made an analysis, found the subluxation, gave an adjustment, and in a week the bones had united. All the theories about bones making bones were no good, but, anyhow, I can only give you a typical example of the poor deluded patient who has been living under that theory for years. "You must cut out eating beefsteak and bread." "But, Doctor, I *have* cut it out." "Well, then, eat them." So methinks this question of Dietetics is nine-tenths guesswork and the other one-tenth problematic, and I do not think Chiropractors have time to enter into anything so uncertain.

"Have you ever had an acute case where spinal adjustment did not suffice? I have, and I have found Hydrotherapy a wonderful help." Contrasting that, I can say that I have not. Therefore I have never found a *necessity* or a hole which I had to fill with Hydrotherapy. If I was 99 per cent strong and 1 per cent weak, I would add something which had a semblance of 1 per cent strength. Whenever I see a Chiropractor mix I feel that he is just so much weak as he is mixing. Wherever he is weak he mixes to make his patients think he is strong. *The P. S. C.* Chiropractors do not need external assistance. "The successful Chiropractor would do well to add this to his stock of adjuncts." The successful Chiropractor would not *need* to add this. He would have no place for it. It would be superfluous.

"Now, when you send a patient away *cured,* do you want him to stay cured? I do. I want him to know how to live right and how to take care of the normal structure I have given him, so I teach him physical culture and hygiene, and I find them wonderful allies." Suppose the specified objection has been "cured" and we tell him when he leaves, "When you get up in the morning build a big muscle. Stand before the mirror. Swell out your chest. Breathe deeply and swell up that diaphragm. Get good and strong." He does that for two or three years and he gets good and strong. Going down town one morning in winter, the sidewalk being slippery, he falls. "What did I do? I am all in." Goes home —in the morning he is down with a fever. It develops into typhoid. What good was all your teaching and physical training? If you are going to advise your patients at all, tell them not to fall; not to slip. Tell him how to prevent *subluxations.* The question comes up whether your physical culture is a means to that end, and I can only say that even though a person weighs two hundred pounds and I one hundred and six, he has as many subluxations as I.

"These are the adjuncts employed in my work and they are a vital part of the success of my practice." Grant that they are a "success." I will place any *P. S. C.* boy in open competition one with the other, give each a number of cases, and I know who takes the cake.

The paper goes on to say, "We cannot mystify them with a difficult diagnosis, or bamboozle them by writing prescriptions in Latin with a know-it-all frown on a solemn countenance; they have had enough of that; but we must *show* them." Show them what? The same thing in another form? Yes. "We can't mystify them with a difficult diagnosis," but we can mystify them with treatments. Cannot "bamboozle them with Latin prescriptions," but we can mystify them with Hydropathy, hot baths, cold baths, etc.

"They do not understand that health or illness comes as we desire; that it is *for us* to say whether we be sick or well. Intelligent people know that man is master of his own destiny and has the final word to say about his own health." This simplifies our work. All you have to say is that "It is my desire to get well." It is for you to say whether you are going to be sick or well. If you are an intelligent person you will get well. If you do not, it is because you are an ignorant person, and I am thinking there are a good many ignorant people.

The thing which struck me most forcefully was the adjusting of a subluxation with no pain. I could not understand how anybody could adjust a subluxation with no pain, and the facts of the matter were that it was done so nicely and cleverly that the person could not know, realize, nor feel that anything had been done. I have seen slight of hand performances. Watched the dollar, and I have seen the dollar pass over to the other hand, but somehow it didn't pass and I would wonder why. I have seen them take a dollar out of your hand and I have seen that the dollar was in the hand. I could understand if physical anatomy could be changed in a resisting body and done absolutely with no feeling on the part of the patient, but—therein was the solution—the patient did not feel anything move. Four people said they could not feel a vertebra move. Could not hear anything move, and still swore that something did move, so I am willing to concede that it was a painless adjustment. Quite painless, but it appears to me that if we propose *to move* vertebrae there has to be pain more or less, so let us not theorize upon the ground that we are going to do wonders in a miraculous manner; but, rather, let us hand out to our patients just what we have and be just what we are, and I think they will appreciate it more and it will be more practical than to advance a theory that could not possibly hold water."

"PAINLESS ADJUSTMENT."

(Extract from *The Chiropractor*, November, 1909.)

Every once in a while some person in our ranks comes forth with good ideas. These ambitions are good. It was just such dissatisfactions that made Edison, Marconi, or a B. J. Palmer what they are. But Edison, Marconi or Palmer were certain of their grounds; took months and years to make more perfect every idea they had before they announced it. These true scientists object to the entrance of hourly-old marvels. They, too, well know what it takes to bring forth good, big and worthy ideas. Of late there has been a movement on foot to demonstrate a "Painless Adjustment." Various parties have maintained that they had all of this. Some have said, before leaving our school, that they have had it, and others have said they have it and refuse to offer proofs. Others wish to sell what they have to offer. Undoubtedly they have such, far be it from us to deny the existence of such a wonderful growth. I could but reason how impossible such a condition is, but be that as it may, supposing *The P. S. C.* had brought forth such an idea, do you suppose we would have kept it under a bushel? Do you suppose it would have asked its students to sign a pledge or swear never to reveal its good? We have never asked a pledge or sworn any student to secrecy. *Does not the world at large need such a proposition? The P. S. C.*, with its every idea, has been certain it was a new idea, and has just as soon given of it freely to the world. We have published books, record club reports, and our monthly journal for the purpose of getting just such matters into the hands of Chiropractors as cheaply as we can.

We have had inquiries about this "painless" adjustment. It was discussed at the convention. We know what a few call a "painless adjustment." We have tried them out and found them wanting, inasmuch as what was called a "painless adjustment" was not "painless," hence it could not receive our sanction. Chiropractors everywhere recognize in *The P. S. C.* "CHIROPRACTIC'S FOUNTAIN HEAD." If we say it is O. K., they know we will ferret out its every mystery, get it ready to present and then give of it frankly to the world. When any move has the sanction of *The P. S. C.*, the boys at large know there is something in it worth while. To this end we will state that we have investigated every "painless adjustment" that we know of, but should there be some one somewhere that we do not know, we feel *that in the interest of science and the good of humanity*, that it should be brought forth, tried, and then, if found good, be taught to every Chiropractor.

Several of these "painless adjustments" have arisen from boys who attended *The P. S. C.* They got thousands of ideas

from us in months of time for a paltry $100. They received all the experience of B. J. Palmer and his excellent staff for months. Think of all they got. Now to make it worth their while, *The P. S. C. will give anyone* $500 and railroad expenses to come to *The P. S. C.*, give us six hours, and demonstrate to our *P. S. C.* class assembled their "painless adjustment." We assume to pay them five times for one idea what they paid us for thousands. It will be worth $500 for *The P. S. C.* to get this idea. We are working for the good of mankind, and it would be worth $500 to get just such an idea to give to the world.

"Secrecy" denotes a tendency to either work an idea for money, or else it would not stand the public scrutiny. Years ago Dr. C. R. Parker discovered a "Famous Parker Lumbar Discovery." The idea was only "famous" so far as Dr. Parker called it so. We watched its career, and today it is not known nor practiced (even for money) by over one or two of his graduates. It did not take *The P. S. C.* more than two months to find out its every detail, and then it was public property. We are in the business for giving the most to the public for the least possible money. That is why we gave away all we knew of the "Famous Parker Lumbar Discovery." We did not want to keep it in our way. We have enough of our own worthless ideas in our garret without saving the worthless ones of others. Anything that is good will stand the investigation that investigators desire to give. *The P. S. C.* ideas are spread broadcast because they will stand being sent to all corners.

We take it for granted that if they have an idea, at no place could they receive such a reception and welcome as at *The P. S. C.*, where each member of the faculty and each student is progressive for all *that is Chiropractic*, and they will take up everything that is of such a sterling worth. We further request that the demonstration be made in our clinic and on no one else but our faculty and students, and they be satisfied that the demonstration is bona fide and that actual adjustments were made. An adjustment is herein understood to be the actual moving of a vertebra that was subluxated, and is now—the whole process to be actually done without any pain (painless) to the patient. It is, of course, taken for granted that no gases, hypnotism or other artificial pain deadeners or narcotics are given patients—take them as they are prepared for adjustment at *The P. S. C.* clinics.

Five hundred dollars is the price for a painless adjustment that *adjusts without pain.* No make-believes, no shifts, no would-be's, just the plain straight delivery of the goods without quibble or dribble. Are the goods deliverable? Is there such a thing to be delivered?

Whoever that is advocating such a proposition, who fails to acknowledge this interest in mankind, is either a grafter

or a blackguard. He desires to make money with his idea or has no idea with which to make money.

The opportunity is wide open. *Who* has *the* "painless adjustment?"

"THAT 'PAINLESS ADJUSTMENT' QUESTION."

(From *The Chiropractor*, December, 1909.)

In our November issue of *The Chiropractor* we had something to say about the "painless adjustment." I don't know how, but quickly and quietly everything became hushed. Sometimes when a "raid is to be made" everything "lays low." Can it be the same in this instance? You see *The P. S. C.* wants facts and takes such steps as we think will bring them to the front, but even such means fail—or is it because the "painless adjustment" itself has failed to be worthy of coming to the front? For several issues to come we shall mention whether we have had any call for that $500 or not, and if such *does* come, we shall set the date far enough so as to notify you, for every Chiropractor would be glad to be present that could. So far as *The P. S. C.* is concerned, you are welcome, and all of that without paying any entrance fees. We shall be glad to *give* you anything that we have that is good or of value to you in your practice.

If there is a "painless adjustment" we want it, and sooner or later will get it, whether by direct or indirect means, and when we do we shall so announce it and give it to all who will come. This offer will hold good to graduates and non-graduates of this and other schools alike. We have the best interests of our profession at stake, we have more to consider than anybody else; naturally, then, we desire to keep to the front in the teaching of these ideas, hence when *we* get it, *you* shall get it also.

I must be shown thoroughly and openly and in every detail before I can acknowledge such an adjustment does exist. I am an old hand at this game, have seen hundreds of "new ideas" come and go. I have bitten and been bitten, time and again, hence an old bird pecks cautiously. I have no time to waste on useless procedures or hocus-pokus movements. I have seen hundreds of "new movements" come and go the way all do, but I have seen the old standby still remain true to its post. "Old Faithful" still continues at the old stand. I must "be shown" before I acknowledge anything.

When Parker's new adjustment came up I was skeptical, kept on the outside of the ring. Others rushed in headlong, paid their money. Today, though—*who* is receiving the support of those very men—*The P. S. C.* B. J. analyzed the proposition, others wanted the "new movement" and they got it— to their sorrow. They lost money, time and valuable knowledge.

It is poor policy to try and beat another man at his own game. *Chiropractic is the only game I play.* I don't even play checkers, chess, poker, cribbage, cards, dominoes, etc. But I do play the Chiropractic game from capital A to small z, and I think I know its every crook. I know at all times under *which* shell the pea is. Regardless of *who the* person, or persons, are who says I don't know—they have yet to see me play *that* particular game.

Now and then somebody bobs up and they seem to think that gray hairs are on my head; that it will be easy to play *this game on "B. J."* "He won't be looking now, go ahead." But it is a fact, nobody plays the same game twice, or nobody tries another game on "B. J." more than once. "B. J." is slow and cautious, but he, like the elephant, knows just *where* his foot lights when he puts it down, and that foot doesn't touch a single plank on that bridge until he *knows* that that bridge is safe. When you see "B. J." holding aloof from some idea, it is because he *pretty near knows* that the bridge is not safe—that the pea is not under the shell that the game player says it is—and "B. J." *knows the game.* There is no "luck" in Chiropractic. It's got to be exact. Think this over and see where you link your support before going ahead, pell-mell, into "new movements."

"THE PAINLESS ADJUSTMENT."

(From *The Chiropractor*, January, 1910.)

We quite recently received a communication from Dr. —. —. ———— which enclosed another communication signed by himself and six other Chiropractors in regard to the "Painless Adjustment." We publish his letter and the other herewith, and also a copy of our letter to Dr. ———— written immediately upon receipt of Dr. ————'s letter. We believe that the letters will be self-explanatory with the exception of one or two points.

In regard to the suppression of these parts of Dr. ————'s convention paper, which referred to the painless adjustment, the editor had understood that there was a verbal agreement between Dr. ———— and Dr. Palmer to the effect that these parts *should* be suppressed until such time as the adjustment was either established or proven untrue. It appears from Dr. ————'s letter either that we were mistaken in our memory of such agreement or that Dr. ———— has forgotten it. If the former was the case we shall be glad to rectify the error by publishing those expurgated sections. Dr. ———— has not yet requested that, and perhaps his letter, included in this article, covers the ground sufficiently.

Our letter to Dr. ———— will show you our attitude in the matter. We mean just what that letter states. If this

thing is good we want it. If it is not good we would be glad to know it and have others know it. We are perfectly willing to give credit where it is due, requiring only to be shown that credit is due. It now lies in Dr. ————'s hands whether we have an opportunity to investigate this matter or not.

Next month we shall publish Dr. ————'s reply to our letter, no matter what its nature. We believe that it is the right of the whole profession to now become acquainted with all the claims, positions and negotiations in this matter of general importance. We believe that all concerned will concur with us in that opinion.

We append the correspondence.

New York, N. Y., Dec., '09.

Dear Dr. Palmer: I see by the September and October numbers of *The Chiropractor* that in publishing the paper I had the honor to read before the last U. C. A. convention you thought best, for some reason, to cut out that portion which gave my observations and conclusions concerning Dr. ————'s method of painless adjustment. I do not question your right to exercise this arbitrary privilege, nor would I care enough about it to even mention it if it did not give the impression to all readers of *The Chiropractor* who heard the paper that the omission was made at my request; but if my memory serves me correctly, you did not ask, neither did I give you, permission to eliminate any part of it before publishing it. Since my return from the convention I have taken a number of Dr. ————'s adjustments, with the result that the statements which in my paper were based solely upon my own observations, coupled with the testimony of others, have been verified by personal experience. I now *know* that Dr. ———— is able to give vertebral adjustments, in any region of the spine, that are practically painless. This opinion is not due to an error of judgment on my part, but is shared by others whose experience has been similar to my own. I append a statement signed by several *P. S. C.* students and graduates whose integrity and mental acumen I know you will not question, and whose signatures are, doubtless, as familiar as their faces. Moreover, it seems to me that if, as you say, you desire to know for yourself whether or not Dr. ———— can give a painless adjustment, it is your duty to go to her for a demonstration upon your own spine, instead of asking her to come to you for that purpose, as she feels that her time is as valuable to her as yours is to you. Besides, in this instance, she is the teacher and you are the pupil. While Dr. ———— has given

me no authority to say so, I am sure she will gladly give you an adjustment, which will be the best way to convince you of the validity of her claim.

Sincerely yours for the cause,

———. ———. ———————.

P. S.—Although this letter is addressed to you personally, I consider the subject matter of the greatest importance to the cause of Chiropractic. I therefore ask you to publish it and the accompanying statement in the next number of *The Chiropractor*, when it will be seen and read by its many subscribers.

New York, Dec. 8, '09.

The undersigned, from the knowledge gained, both by repeatedly observing Dr. ———— give vertebral adjustments to others, and also by having experienced them upon ourselves, are fully satisfied that she not only moves vertebrae in every part of the spine, but that as far as the vertebrae themselves are concerned, she moves them in a painless manner. (Then were attached seven Chiropractors' names.)

Davenport, Iowa, Dec., '09.

Dr. ————: Yours of recent date at hand. Its contents considered. You know my frame of mind regarding a painless adjustment, and I am inclined to think that without further evidence I cannot accept any change toward it. I am willing to accept, utilize and teach anything and all things that are good and deliver work which maintains the principle upon which Chiropractic is founded. Perhaps Dr. ———— has it, but the evidence I have received to date, from you and many other sources, has not convinced me, but even made me grow more from it. I wish it were otherwise, but until such times as I get convincing scientific data from which to form a clear and thorough opinion, I cannot acknowledge its existence. Even with Cook—his statements, whether signed or not, were not accepted, and the proof of which we find is that his data is now being examined before a scientific body of men at a national institution. The words or signed statements of his friends or enemies have not established or torn down anything. *The P. S. C.* maintains the same attitude. When you are ready to present further evidence of a thorough and strong analytical character, then I am ready to listen. I appreciate the courtesy you, as well as the rest of the boys, do me in sending the statement you do. I answer the same by writing Dr. ——— direct. Enclosed find a copy. It explains itself. More than that would be superfluous. I cannot change my opinion until I have better evidence than I have to date. I propose publishing your letter, with the signed statement, also a copy of my letter to Dr. ————, as well as this letter. Kindly

bear to all "the boys" my best wishes for their success and continued happiness. I extend to one and all the courtesies of the season. I am,

B. J. PALMER, D. C., Ph. C.

Davenport, Iowa, Dec., '09.

Dr. ——, ————————

Dear Doctor: *The P. S. C.* is in receipt of a communication signed by several members of our profession whose integrity is above question and whose judgment has always been considered good, asking us to take some means of more carefully investigating your "painless adjustment," and assuring us that in their opinion it is a fact, demonstrable and valuable to the profession. While we must admit, or rather re-affirm, that we are unable to understand *how* this can be a fact, still, to be logical and fair, we must admit its possibility. *The P. S. C.* desires to represent all that is good in Chiropractic. Are you willing that we should learn this method and teach it as "*The Arnold* Painless Adjustment?" Perhaps an answer to that question is necessary before we shall be able to go any farther. Presuming, however, from your frankness in the matter that your answer will be a favorable one, I will go a step farther, and suggest the nature of further negotiations bearing on that question. If you are willing to teach us this method, under what conditions are you willing to do so? Can you be persuaded to accept our offer published in the November *Chiropractor* of $500 for a demonstration at *The P. S. C.?* This offer is, of course, conditional on the fact that you can demonstrate the "painless adjustment" satisfactorily, which I am now willing to presume is the case. If this adjustment is a fact, then it is of inestimable value to Chiropractic, and we will do anything that is reasonable and right to secure it. If you are mistaken in your estimate of its effectiveness, I am sure you also would be glad to find that out and to have the profession know it. Dr. ————, in his recent letter, suggests that my duty towards the profession requires that I come to you as a pupil and learn this method. I agree with him that if this be all that is claimed for it mine must be the role of pupil. I would only suggest that for a demonstration of a discovery of this nature and importance the proper place is not under the observance of one or a few men, but in the presence of a scientific body. It should not depend upon my testimony alone, nor would I care to undertake such a great responsibility, but would much prefer to have it open to the observation of the faculty and student body of *The P. S. C.* If you can come to us with this discovery, I assure you that you will be treated with all courtesy and afforded every opportunity to make as complete a demonstration and offer as complete proof as the most exacting could wish. And I

assure you further, that if your discovery will bear reasonable demonstration and stand reasonable analysis it shall be accepted and used, and full credit be given you before all the world. I would call your attention to the fact that it is customary to present discoveries in this way. Cook took his evidence before the Copenhagen Institute; Peary his before the Geographical Society of America. New medical discoveries are demonstrated before large medical associations or medical schools before being accepted as authentic. Surely no better qualified assemblage of Chiropractors can be found than these gathered at *The P. S. C.* Please understand that I am approaching you as a skeptical scientist approaches any new scientific discovery, reserving further judgment until I have received further evidence, and perfectly willing to be convinced of something which I am as yet unable to accept as a fact. My duties with *The U. C. A.* and as President of this School, make it almost impossible for me to come to you. Are not your interests in the profession and your desire for a successful establishment of the validity of your discovery strong enough to bring you to us? We hope so. Awaiting anxiously your early reply, we are,

Sincerely yours,
THE P. S. C.,
Per B. J. Palmer, Pres.

New York, Dec. 15, '09.

Dear Dr. Palmer: I am very much pleased to learn from your letter just received that it is your purpose to publish both my recent letters giving my opinion of Dr. ———'s method of adjustment, and also the accompanying signed statement of several other Chiropractors who have observed and experienced it. Nothing you could do would be more honorable or more fair to those whose opinion differs from yours in regard to a matter which has such an important bearing upon the art of Chiropractic. As I have already told you, I am *thoroughly convinced* that Dr. Arnold can move vertebrae of *any* region of the spine in a *practically* painless manner, and with the putting of this conviction on record my part in the controversy ends. *Whether the method Dr. ———— employs gives better or even as good results as the method now taught and practiced at The P. S. C. is another question, and one about which, from lack of evidence, I am as yet unable to express an opinion.* The proposition contained in your letter to Dr. ———— seems to me a very fair one. I hope she will accept it. With the compliments of the season and earnest wish for the increased prosperity of *The P. S. C.*, I am, Sincerely yours,

———. ————

NOTE.—As to "better, or even as good results," we have no way of knowing, as Dr. ———— is a mixer into many

systems. Adjuncts relieve, therefore,—well, figure it out yourself. More correspondence and data next month. Meanwhile anything of interest will be given space.

"WHAT ANOTHER P. S. C. OBSERVER SAYS OF 'THE PAINLESS ADJUSTMENT'."

(Extract from *The Chiropractor*, February, 1910.)

New York City, January 10, 1910.

Dr. B. J. Palmer, P. S. C., Davenport, Iowa.

Dear Doctor: The following is my opinion of Dr. ——'s painless adjustment. She starts in at the coccyx, the sacro innominata articulation, then sacro lumbar articulation. Then all the rest of the vertebrae, which are all adjusted from superior to inferior. After you get the lower ones adjusted the rest comes easy. The adjustment is given by placing the heel of the hand on the spine of the vertebrae, the points of the finger solid on the ribs, then give a grinding move and shove the vertebra towards inferior (this part of the adjustment is *almost* painless, especially so at the lumbar region). This is followed by a transverse adjustment on all the vertebrae, which is just as painful as *The P. S. C.* transverse adjustment. Then, for a finish, she gives what she calls a touching up of the ribs, which is again as painful as any *P. S. C.* adjustment. Now you have the whole thing. I think the Dr. ———— adjustment could be used to some advantage on a deformed spine, but there it would not be painless. Any Chiropractor will see you could not give as specific an adjustment, as you have to adjust the whole spine. I have seen Dr. ———— adjust and have been adjusted by her. I like her very much, but at the same time, if asked my opinion about her painless adjustment, the above will be my answer. Yours in the same old way,

—— ————, D. C.

"PAINLESS ADJUSTMENTS."

"It Never Rains but It Pours."

(Extract from *The Chiropractor*, March, 1910.)

Isn't it peculiar how, when a new subject, what it is, how performed, etc., is announced, to see how many "have just struck it?" At the 1909 U. C. A. convention some discussion was raised on "The ———— Painless Adjustment," mostly, though, between the most interested members of our profession. Some were sincere, others were for money, but all wanted it *if* it was a fact. Upon the strength of this demand *The P. S. C.* took it upon themselves to find what this fuss was about. We have seen and weighed these fluries before. At that date we found *one* person who first proclaimed a "painless adjustment," but since its public announcement there are now four others, each having a

"system of their own." How many more "systems" will tomorrow show? One of these claims to have worked out his "system" the day after the reading of Dr. ———'s paper at the convention. The discovery of such an idea usually is the product of years of laborious investigation.

On page 55, November *Chiropractor*, we published a $500 offer for anyone to come to *The P. S. C.* and demonstrate that their "system" of adjustment *was* "painless," and from that day to this the various promoters have hesitatingly whispered it, but so far none dare to beard the lion in his den and prove that he is wrong and they right. I maintain, and with justness, that right cannot be downed by wrong—wrong cannot injure right. If I am wrong in saying that a "painless adjustment" is impossible, I should be now and will be corrected sooner or later. If I am right, then time will tell its story—as it always has. I want a "painless adjustment" to be a fact—I desire it, am trying to make it possible to get it, but we will never announce we have aught of the sort until *we have*, and when we have we shall announce it and face the world or an assembly of Chiropractors of any school as great even as *The U. C. A.* We are willing to place everything *The P. S. C.* does and teaches before every Chiropractor in the world; in fact, no one would be more pleased to present what we have, how we got it, what it is, and how we deliver it, to the entire Chiropractic profession, than I, for truth has eternal stability.

When *The P. S. C.* announces a thing it is so. Thus it will be with the "painless adjustment." We are Chiropractically skeptical, for we are convinced now, more than ever, that it is impossible. The attitude of the many quickly-formed discoverers proves that "business talking points" are more valuable than scientific principle or philosophical truth. In the last analysis you have in your mind the essential that we have been trying to implant, i. e., that you can rely, after all has been said and done, that when *The P. S. C.* passes its stamp of approval upon a subject, that it is scientifically O. K. "B. J." has seen "business moves" come and go; he has watched "fluffy ruffle" schools rise and fall; he has observed monistic journals issue and fail; he has listened to brags and boasts; he has heard the puffs and kicks; he has been ridiculed and scoffed, ripped and torn; he has been more written about, both good and bad, than any other fifty Chiropractors, yet through all he is still on deck, the same old faithful Chiropractic bodyguard, ready and willing, the anxious defender of Chiropractic and its truths. Nothing moves him from scientific right nor artistic justice. At the time, perhaps, he appears unjust, but somewhere in that

brain is a mind that looks beyond our time, into space, and forgets money in his decisions.

To help you reach your decision on this momentous question, to reach a conclusion as to whether there is or is not, has been or has not been a "painless adjustment" microbe that is infecting Chiropractors, we submit for your approval the following three letters, which, with our comments, are answered:

———,———, Feb. 14, 1910.

Dr. B. J. Palmer, Davenport, Iowa.

Dear Dr. Palmer: I note, with pleasure, the letters published in the January *Chiropractor* in regard to the *"painless adjustment* proposition as passed between Drs.——, —— and yourself, and I am glad that this question is being *"aired,"* as I have been doing a little *experimenting* along this line myself, but candidly, I did not care to stir up the matter, as I am not a *graduate of The Palmer School,* and now that Dr. ——— has this "ball" rolling, I want to say that I *believe she has the problem solved.* I know that I, myself, have a large portion of it solved, and have had no help in solving it, either, but, on account of the *rigid stand* taken by *The Palmer School,* I have kept the matter to myself. Your proposition, also, of $500 for a *"painless adjustment,"* caused a chill to run over my thought in this matter, and had the effect of making me *"mummer"* on the subject.

I have had *quite a number* of my patients tell me that they *did not feel the adjustment at all,* and it was *certainly painless,* and I am sure that I have gotten more and easier adjusting than ever before. And I have noted, since the inauguration of this system, that my patients are much better pleased; there are *more* of them, and that I *get better results* and *get it quicker.*

————————, D. C.

New York, Feb. 5, 1910.

Dr. B. J. Palmer, Davenport, Iowa.

My Dear Dr. Palmer: I have done quite a little thinking since the receipt of your letter, and while I *cannot give up my yearly vacation* of two months, I can work enough harder to start a post graduate class, for, as you say, *I owe it to the world* to teach this wonderful thrust.

In the meantime, won't you come East and convince yourself that an adjustment can be given much easier than by the method you use and teach?

I will give you an adjustment which will leave no doubt in your mind that the vertebrae have moved.

So looking forward to meeting you in the near future, I remain,

————————, D. C.

My Dear ————————

Dr. Cook knew he was right, but a committee of men, whose professional honor was A-1, said he was wrong. The evidence (or rather the lack of it) swung the pendulum.

The place for starting "a post-graduate class" is at *The P. S. C.* To "convince yourself" (myself) would mean that I would teach "The Arnold Painless Adjustment" to the Chiropractic world *gratis.* I desire to convince myself, our faculty and student body, that *you* have all (and perhaps more) than you claim. Granting that you did "give" me "an adjustment" which would "leave no doubt in your (my) mind," the fact remains that our thoughts are but words until proven. Your desire is to convince *me*—I have repeatedly suggested the conditions, place and date. It is to be sincerely regretted that the only thing that keeps you from coming here at any time, either now or next summer, *convention time included,* is your "yearly vacation of two months." Isn't this contradicting your altruistically intended words when you say, "I owe it to the world to teach this wonderful thrust?" If *charity* be your intention, prove your goods and I will *give* them to the world. I have traveled thousands of miles to educate a handful of Chiropractors. I have lectured from coast to coast, but so thoroughly knew the truth of my goods that I did not hesitate to meet *face to face* any scientific body with my arguments. I was eager for the opportunity anywhere, and no one need make it possible for me to lecture more than once—the date will be closed. I have made it possible for *you* to appear before the most scientific Chiropractic body, all of which are fully capable of passing upon the value of your discovery (the value of which I still question) and to date you have evaded the issue of meeting our open or closed offer. Evasions evidently do you an injustice. I have thrown vacations to the winds, rests have been forestalled—all for the progress of our science. I have sacrificed dollars, time and feeling for years. Cannot *you do so for one week, just once,* especially when there is $500 and expenses in it, *if* you can deliver the goods?

Smiles, kind words, and cheery thoughts do little good when artificially added. On the contrary, a plain, simple non-mixture *P. S. C.* recoil adjustment, resting upon its basic facts, well driven in, introduce more of these smiles to the bedridden patient than anything else I know of to date.

Please acknowledge you have a "painless adjustment" by demonstration, but please do not further evade the main issue.

I am desirous of *giving away gratis* all of the good you have—have I placed my tuition ($500 and expenses f. o. b. Davenport) too low—if so, is it *more money* you are after?

Let your answer, "I owe it to the world to teach this wonderful thrust," prove your attitude of loyalty and feeling for humanity.

When shall we look for you at *The P. S. C.?* I am,

B. J. P.

We appreciate the spirit of friendliness that these letters contain, but, notwithstanding, the friendship that does exist, we remain firm for what we believe to be true. We do not want to stop progress. We are anxious for the "painless adjustment" to be a reality, and if it *is* a reality at this time we shall permit our $500 offer to be accepted by anybody at this time.

"Pain—*Any uneasy sensation* in animal bodies from *slight uneasiness to extreme distress or torture*, proceeding from a derangement of function, disease or injury by violence. Pain may occur in any part of the body where sensory nerves are distributed."—*Webster.*

"Painless—Free from pain; without pain."—*Webster.*

Will any Chiropractor bump against these definitions? Will he maintain that there is *no* uneasiness? The only time educated man *is* easy is when he is asleep, and even then he is often having "slight uneasiness," as in dreams, etc. Will any Chiropractor maintain that his patient, under his "painless," will experience no more "uneasy sensation" than when sound asleep?

To admit either way is to prove the contention. No one will wish to assume the obligation of proving their point that far—although consistent and necessary to prove their work to be "*painless.*" To admit *any* stages or grades is to grant that their adjustments are only *relatively painless*, and in *that* respect we can *all* crawl under the canvas flap, and as a forerunner of all these "*relatively* painless adjustments" is *The P. S. C.* recoil adjustment. The more proficient we become in its use, *the less pain* do we give, but, although I am its champion and father, I still maintain that it is given with *some* pain, and in my present opinion always will be. I have never aimed to stretch facts to increase their commercial value. The present *P. S. C.* recoil adjustment is the "nearest painless adjustment" on the market today, yet even that is not a "painless." These are the facts—why not be plain about them?

The following is a reprint from a lecture delivered by B. J. Palmer, D. C., before the class assembly at *The P. S. C.* July 31, 1911. The occasion was a printed card, which read "Painless Adjustments Outside of Garments." This same party was teaching his method in six weeks for $25.00, and issuing diplomas therefor.

"Painless." If I were to prick my finger I would have a sensation of pain. This "pain" would be in the mind,

where the impression went, where it was interpreted. If there is anything wrong in any part of your body you are going to have an impression go to the mind wherein that mind recognizes that something is wrong. The mental recognition is what education calls "pain." Innately it is "inco-ordination." "Pain" is the Innate call for help. "Pain" is the mental knowledge of things gone wrong physically.

A personal allusion—yesterday I began to feel a small bump occurring on the right portion of my occiput. I did not know there was a bump, by digital palpation, until I first felt the mental "pain"—the internal mental knowledge that something back there was not right. Having this understanding, I raised my hand, palpated and found quite a growth. I had the subluxation adjusted—then the "pain" disappeared, because that which was wrong was now right, therefore there could be no condition to give occasion for an impression of things being wrong—mentally then, no "pain."

"Painless" means "absence of pain." If there should be even the slightest kind of feeling of anything wrong, then there would be the slightest kind of an interpretation. The degree of interpretation is determined by the amount of inco-ordination which determines the intensity of "pain." That is why we say the individual is sick in the stomach and has a sick headache. Then "sick headache" is but a relative degree of "sick" interpretation as it takes place in the mind, which resides within the "head," hence the educated idea of "sick headache." The headache is the interpretation of the degree of things wrong in the stomach. Supposing you had constipation—there is a dull lethargic "pain," which is felt in the base of the brain—that is but an interpretation mentally at the place where those bowels afferent fibres terminate of the impressions that must be born of the condition from which they arise. "Water always reaches its level," and "neither can water go higher than its source;" neither can these impressions be "reflected" to other than the place where the fibres enter, or be greater in degree than the condition which occasions them.

"Painless" means the entire absence of pain. I cannot imagine of a condition wherein anything can be wrong in any part of the body without there being a corresponding degree of pain mentally to go with it. I think you follow me that far. No matter whether it be a fracture, dislocation, subluxation, cancer, tumor or what not, there must be a relative degree of mental interpretation to tally.

The "Superior Meric System" is of value at this time, because it locates superior areas of "pain" with the inferior areas of diseases. You can analyze any case by asking them where the pain is. If patient says, "I have pain in the forepart of my head," indicating one particular spot, your an-

alysis will show that he has a subluxation of the 6th dorsal. If he refers the pain to the base of the brain (indicating) the analysis will show a 22d or 23d vertemere subluxation. Individual says he has a pain in the eyeball—4th cervical subluxation.

Until man is *perfect,* I assume that "pain" will always be with all of us, more or less, because none of us have reached that stage where we could not do or see something better. I cannot conceive of any individual, no matter how normal he may think he is, but what has more or less pain. We relatively say, "pain" is acute or sharp, or chronic, or dull. There is no limitation between pain and ache; aching and a dull feeling, etc. We are all going through daily fluctuating possibilities, mentally and physically. Each reacts upon the other through direct means, efferent and afferent, positive and negative live currents. Some days our minds are clearer than others, some days we suffer more "pain" than others, some days we are mentally clear, "feel as good as can be," other days we "have a case of grouch." Some days we feel we could shake the world with our logic, facts; others, we could not argue, debate, nor clinch our facts—all of which are but indications of relative degrees of aching or paining in your mind.

You who are physically wrong are mentally inco-ordinate. No one can maintain that he could have a fracture and not have pain with it. Occasionally we are confronted with the idea that it is impossible to set a dislocation or fracture without any pain in so doing, but you will always find in such instances that an anaesthetic is used, which does not permit the individual educationally to feel the pain, because educationally he has been put to sleep. It is true that while this bump was existing, I felt its presence, educationally, during my waking hours, but when night time came, when I slept, I did not feel the pain educationally, although I have reason to know that I did feel it Innately, although this I do not positively know educationally. Let us take a concrete example of a person under an anaesthetic having an operation performed, be it for appendicitis or other disorder. If you have witnessed operations you will have seen what I will describe—the skin quivers, the muscles jerk, the individual groans during the time of the operation, for the "pain" was intense. Educationally that individual was "unconscious," but Innately very much conscious. Educationally he felt no "pain," but Innately he suffered with considerable "pain." Lately we have been confronted with the idea that an injection into the spinal cord prohibited all pain. This is true, because the nerves have been entirely desensitized—afferent and efferent, educated and Innate, so that no impression could get from the area being operated upon to the educated or Innate brains. Consequently, the individual was

conscious educationally and Innately, and neither did he feel pain, because of the injection of this chemical above the place in the spinal cord where the impressions naturally would enter into the spinal cord. That makes a "painless operation."

But discount, if you will, the giving of anaesthetics or other artificial methods of preventing pain in operations. I cannot conceive how it is possible to set a fracture without there being some pain in so doing; how it is possible logically, theoretically, practically, physiologically, anatomically, philosophically, histologically, anyway you want to take it; I cannot conceive how it is possible to transform any abnormal structure to normal without there being an element of pain. When anything is abnormal there must be the abnormal impression travelling afferently to the mind, where it is interpreted as an abnormal impression—"pain." I would like to imagine, although I can't, of a 100 per cent man with 50 per cent of impressions telling Innate that all is well. Innate sees it is only 50 per cent impression and interprets it as 50 per cent pain. That is Innate's relative comparison between the amount of current that is there and the amount that should be there, the "pain" being the subtraction between.

A dislocation occurs—there must be pain. I think you will concede that with such conditions you would have pain. That there was pain when each of the same were set. Even though under an anaesthetic, you suffered with pain Innately, because Innate feels abnormalities at all times when they exist, interpret impressions from the Innate part of our body the same as the educated brain does of the educated body.

Now comes a man who says subluxations, when produced, are "painless." That is, he says that by inference when he does say that adjustments of these subluxations can occur in a "painless" manner. Logically this cannot be true. I do not see how we can have an adjustment and have no abnormal feeling. If anything is abnormal, there must be pain to the degree of the abnormality, Innately or educationally. Yet in our midst is one man who can reverse the very order of Nature in her adaptative features and knowledge thereof.

Is it or is it not logically true? If it were possible, Innate would be an unconscious individuality. If it were possible, Innate would not be the intellectuality she is; there would be no necessity for Innate Intelligence, because she would not be capable of saying what was right or wrong, what was good or bad, normal or abnormal, co-ordinated or inco-ordinated. It is that very sensibility of comparison between the two that makes Innate what she is, makes

then the higher morality that she is, makes her the exemplar that we desire to follow. "Painless adjustments" are impossible, in any event, and under any circumstances, where Innate is left to her adaptative resources. The more speed used in our adjustments the more painless it is, but only by comparison to how painful it used to be. There is still the relative degree of "pain," and I believe always will be more or less, especially when no artificial means are used to desensitize the afferent nerves in their carrying of impressions.

The conclusion we reach is that this individual is appealing to the capriciousness of people to establish a larger bank account, and especially does this seem the more proper conclusion when he further says "painless adjustments *outside of garments.*"

Imagine palpating a spine to detect the minor relative positions of vertebrae through the outside clothing of the average individual. Palpate my spine through my coat, vest, suspenders, shirt and under garments—what would your analysis be? How accurate would it be, and how much reliance could you place upon it? Such an analysis must be guess-work. So fine must be the work of the palpater that we will make a comparison. Radiograph a foot which has on a silk stocking, develop the plate and you will see the outline of that stocking around the foot. If this silk goods shows on the outline of the toes, then certainly it must deteriorate somewhat from the clearness of the joints where it is covered above and below. It dims many of the shadows of the bones, because the light must penetrate two thicknesses of silk. Yet here is a man who says he can feel your subluxations as well with your clothing on as he can without. He outlines that it is possible to give as accurate adjustments with the clothing on as off. To you Chiropractors, try palpation with and without clothing and see if there is a difference. Try adjusting with and without, and then try to maintain that one is as good as 'tother, if you can.

There is no gainsaying that he can crack bones. Any athlete, or gymnast can do that. That is part of the stock in trade of every masseuer, but "cracking bones" with or without clothing, is not the adjusting of subluxated vertebrae. An adjustment consists of putting vertebrae into proper position by the use of the Innate recoil, in the proper degree, with the specific intent of releasing all possible pressures upon those fibres for the eventual purpose of restoring the normal amount of current going to their proper place. The knowledge of kind, degree and location of subluxation cannot be appreciated by palpating through clothing. There is no definite way of knowing the adjusting hand has been placed on *the* vertebra involved, hence accuracy is lost when caprice enters.

One of the most important details in adjusting is that your skin comes in contact with the skin of the patient, because by feeling the back with your highly sensitized fingers you get a better impression of the amount of current necessary to be restored to the dis-eased part of the body, and because, to correct a subluxation and thereby give an adjustment, it is essential that your hand come in contact with the skin over the subluxation to determine the direction of the subluxation. Supposing you were to give a man an adjustment with his clothing on. You have no way of knowing that you are right in your analysis, you have no way of knowing that you are on the right vertebra involved. It is not sufficient to say "the sixth dorsal is somewhere under my hand, or near about this region." Every element of risk must be obviated so far as your possibilities permit it, you cannot afford to run any risk.

Why does the Chiropractor do this? Is it because he wants to save time, trouble, labor? Hardly. It is because the patient asks that it be done this way. There is in every mind that knowledge that patients are modest, a prudishness that has been framed into his life at home, from the cradle to the rocker. He realizes it is proper to expose his hands, face and feet occasionally, but not proper to expose other parts of his body. He may open his shirt front, the lady may wear a sailor blouse open around the neck, providing it is hot summer weather, but if you enter a public dining room, put on a coat, swealter and let the electric fan cool you off as best it can. More or less of this nonsense exists everywhere. When applied to the physician, we can blame none others than the physician himself for this state —he has so manipulated his warfare against dis-ease that mankind has been ravaged until decency has became a thing long lost sight of between physician and patient. This has put mankind on the aggressive side of unnecessary exposure.

Men and women are modest Innately. The Chiropractor knows this, so he does not ask them to expose their body, but merely the spine. A person enters our large, open clinic; he sees hundreds with their backs exposed, going to or from the adjusting platform—men, women and children. He concludes that they are not modest. Prudishness! A certain amount of this is necessary to gain health to the greatest number of people at the minimum of cost. We become educated to seeing backs, thinking no harm of seeing backs any more than another does seeing faces. In Turkey the ladies' faces are covered, here they are exposed. Which is right? In Greece, Turkey, etc., the men wear the skirts, the ladies pantaloons. In America it is reversed. Who is right? It is purely a matter of education. Notwithstanding these facts, there is a certain percentage who would rather suffer with

their aches and pains than to expose their back or any part of their body to the physician or Chiropractor. There are also a minority who would rather die under "the best medical aid" than to get well under the Chiropractor. And there are some people willing to lay aside accuracy of work and permanent results to cater to the caprices of the people, even though wrong.

There are certain details essential to the success of Chiropractic adjustments, and the exposure of the back is one of them. We are the Chiropractors, hence we are the people to say what is necessary and must be done to give to us the best working knowledge to proceed to get our patients well. Adjustments over clothing is one of the worst things a Chiropractor could do.

Think on these things—let your first premise be to do those things which prompts for the most good to the patient. Whatever comes best his way will always retrace best to you. One mother once came to my office with her daughter. When told to expose the back, the mother said, "Before I would have my daughter do that she will stay sick." My reply—"Your daughter's back is nothing more to me than so much dirt in the street. If I wanted to see dirt, then I go where it is plentiful." She reconsidered, the back was bared, the adjustments given, the daughter is now well. Incidentally, I went into the history of that family; I found the girl a masturbator. The mother was so prudish that the girl was not permitted to read any works that would enlighten her about herself. The girl, though, got wrong knowledge from circulars distributed from door to door, took them to her room, read them secretly, and learned the very habits the mother desired her to be kept from. When informed, the mother thought me indecent, that I should be ashamed to talk to a lady that way about a daughter, etc. "It is you that should be ashamed, not I. Your daughter is as she is because you are a prude. You should have talked and counselled with your daughter; what you know, told to her, should have warned her of the common evils.

The above cites the damage of prudishness. Would you permit this to enter in your business? Perhaps not to that extent. I cite again, the Chiropractor (?) in question who, for the business of prudes, permits his standard to be so lowered that he gives "painless adjustments outside of garments."

The Chiropractor is to advance man mentally and physically, to elevate him, to raise him a step higher in his work and thought; not to pull him down to lower levels, and one way is to lead him from prudishness to the study of the human body divine.

"Painless" is impossible. "Painless adjustments" cannot be, for the thing being corrected is an abnormality. To adjust "outside of garments" is to be a prude with the prudes. The world has little use for such, for they degrade the very beings they degradingly think they help.

Perhaps a slight review of the history of the *amount* of pain to patients at various ages of Chiropractic might be an estimating asset at this time. When Chiropractic was born, the patient was placed, stomach down, on a flat table, which had no padding, not even a leather cover. Later on a leather cover, without padding, was added. At such times, "jolts" on the spine gave considerable "pain." A few years later four-pound pillows were placed under the thighs, thus raising the abdomen above the flat, leather covered table. This materially reduced the severe general pains felt, but because of *the same kind* of a "treatment" having been given, the pain resulting in the abdomen and spine was the same. A few years later the divided bench was added. This reduced the possibility of hurting the abdomen and spine still more. Up to this time the "adjustment" consisted of a slow, heavy, downward, tearing, ripping, or screwing, push-like "thrust." Following this innovation, even less pain was known. We "hashed" the idea of how much less "pain" we were then giving over many times, but so long as there was even a *slight* "uneasy sensation" *we could not* honestly call it "painless" and be scientifically correct or without having it diagnosed as a case of "mistaken judgment." The author of this move had not analyzed what he was crudely doing, thus his results were more of accident than intention. *The P. S. C.* assumed the analysis of vertebral adjustment as a scientific and artistic possibility at this time, and finally introduced the "recoil adjustment." This has, in rapid measure, assisted the slow progress that was going on before. Each additional idea has delivered more results *with less pain* than the condition existing before, but even so, all the pain was not, nor is not, obliterated. As the matter stands today, *The P. S. C.* has and is teaching the "recoil adjustment" in all its technical and fine, artistic phases, and we could say that *relatively* and *comparatively* it is a "painless adjustment" and it could have been so advertised two years ago, but *why do so* when *we* know that there is *some* pain, for as long as there is a wee bit of pain it is *not* "painless." An adjustment consists in *moving* or replacing a subluxated vertebra from its subluxated position to its normal one. I cannot conceive how this can be done without some "uneasy sensation," even though that "some" is slight. *Much* of the pain *can be* obliterated, as *The P. S. C.* has proven in its last three years of work, and especially in the last two years, and more particularly the advanced work of the "recoil" in the last

eighteen months, but all of it cannot be. If any Chiropractor *now* maintains that they *can* adjust *every* subluxation in every patient without any pain whatsoever, then I, for one, must be shown, not but what I will be and *want to be*, but I maintain from scientific, logical and reasonable grounds that it is impossible.

Claiming a willingness to teach and not delivering is misrepresenting for money. Claiming and delivering is toeing the mark. When a groceryman advertised, for today, twenty-five pounds of sugar for one dollar and you called to get some at 8 a. m. (as soon as he opened his store) and he replied, "I am sorry, Mrs. Jones, but we are just sold out," what would you think?

THE P. S. C. ULTIMATUM.

If it can be proven that you can take a given number of cases wherein the faculty of *The P. S. C.* (10) have palpated these spines, found and specified a certain number of subluxations of a certain series of kinds to each, and you give them adjustments without patient feeling any pain (for "painless indicates *without pain*) and then, after having given this adjustment, we again palpated the case in the same places and find that these vertebrae *have been* corrected in the way indicated by the palpation, and all of this *without* pain to the patient (relying upon *their* statement to this effect) and to our entire satisfaction that vertebrae have changed position, then *The P. S. C.* will acknowledge that a "painless adjustment" of vertebrae has been given. If, on the contrary, the vertebrae, or the majority of the same, are remaining in the same position, even though the patient and ourselves have heard something "click," we will admit that, while the noise was there, the vertebrae still retained their subluxated position, hence no *"adjustment"* of vertebrae was made, hence could not be called "a painless *adjustment.*" We agree to hold ourselves in an attitude open for conviction *if* you have the goods—but goods you must have. We desire no noises to be deceived by the ears.

Again, presuming that you have established the fact that vertebrae do move without pain, what is your analysis? No method of adjustment has been, nor will be, taught until we can describe to students the ins and outs. We desire to teach only those methods which stand analysis. If there is a "painless adjustment" there must be an *hypothesis* upon which it is based—this hypothesis must stand the test—without that it has no foundation. Mental picture must precede canvas portrayal.

Again, presuming that you have an hypothesis, and an adjustment that *is* painless, it must prove *better* results in one or a large percentage of cases—without this there would be no reason to change from the present system to another. As for pain, we could give "stovaine" and move vertebrae "without pain," but would such adjustments assist or get better results? Without better results—no necessity. We could, today, give so-called "adjustments" without pain, but there would be no results attained. All hypotheses, analytical thoughts or arts are judged, in the lay mind, *by results*. Any patient would rather have temporary pain and get permanently well than to have temporary "painless adjustments" and have permanent pain.

Your "painless adjustment" then must stand—

(1) The most rigid hypothetical analysis.

(2) The most rigid philosophical analysis.

(3) The most thorough artistic tests.

(4) And prove better percentage of results than in vogue today.

(5) The test of the investigation of time.

All of these your "painless" idea *must* have before *The P. S. C.*, as a scientific body, can pass upon and accept as bona fide and worthy of our public approval, and if these it has you can "bank on us" for its public use and commendation to the author or discoverer.

For anyone who can meet the test of the above—and any man or woman who has the goods should not object—we stand ready to deliver $500 and expenses to and from their town or city and while here. What could be more fair? The question remains, *Is there* a painless adjustment, or is this another flurry that will be gone in a few days or weeks? History repeats itself—will this "new movement" be like so many of the rest?

THE POSITIVELY AND ABSOLUTELY PAINLESS ADJUSTMENT

OR

WHEN MONEY FORMS YOUR JUDGMENT—WHAT?

The P. S. C. has been skeptical of the "painless adjustment," and, while we have not entirely flopped our viewpoint, yet we admit that from *certain* three viewpoints they are correct.

First argument: A vertebra can be subluxated in a dead man the same as a live one. A subluxation cannot be *adjusted* without the Innate recoil from the live body of the patient. Our contemporaries maintain that an adjustment can be given to the dead man. "Thrust," shove or push the

vertebra to the place it belongs—that constitutes an adjustment as per the latest. Granting that this is possible, and that a dead man has little, if any feeling, we can say with all assurance that there is an absolutely painless adjustment—*for dead people.*

Second argument: *The P. S. C.* has, ever since this ripple on the surface of the solid foundation underlying *The P. S. C.'s* Chiropractic started, taken a great interest in this subject. We have carefully and thoroughly gone over every phase of this subject for months. We have corresponded with all interested parties until we dreamed it at night and ate it for meals. We have weighed and discussed, considered, reconsidered, and have regretted that we could not have a painless adjustment also. To do our best we could not scheme out an honest painless adjustment. There is such a thing as being too honest for the welfare *of a business*, but science should be honesty personified. But I could not question the character of my contemporaries, so, unable to have the same plaything myself, I learned the painless adjustments from them. Today *The P. S. C.* has five *painless adjustments*, and to be truthful, I don't know where to put or what to do with them. I cannot use them; I should not like to lay them aside. The X-Ray goes right through it. Spinography gives it no backbone. The negative doesn't even show an impression. I tried to place it in the studio, but when I hung it up I could not see it. I fused these systems into one. I guarantee that its use gives no pain—not even a *mild* pain—but I find that its use often indicates as many or as severe *aches* as the present system. Law is based upon technicalities and one of them is utilized to the end of having a "painless adjustment." The end justifies the means. It would not do for *The P. S. C.* to be behind in such a procession. According to the second viewpoint *they* are correct.

As our last analysis stands we have a "painless adjustment" for dead ones and an *aching* adjustment for live people. Let us see what makes the mare go—what prompts the technicality. In the first, second and third hypotheses *a school, of course.* That school bee does buzz fearfully around some heads. *The P. S. C.* has made the school proposition a success, but this is more than *any other* institution can say that has evolved out of nothing something and based their school upon it. Dr. Parker discovered a "lumbar discovery," but it went the direction all evasions go—"kerflumixed." We are not prognosticating, but we smell the sawdust from the rings of the circus long before it gets to town. We have the happy faculty of seeing the picture a year in advance; other people, though, don't give us credit for being able to do this. A few people think that schools are the short road

to wealth, fame and greatness. If it were possible, I would gladly sell all my fame and wealth for a private practice; I would give my "fame" and "greatness" for $100 cash, for one I can work with and the other is proving to be a load. I live to do most good to the most people in the shortest possible time at the least cost to both. Fame and greatness don't assist that any. In the wealth line, what have I? Every penny's worth has been bought at a very dear price. And *now*, I say, teaching school isn't all it's cracked up or appears to be, especially when you labor *to do the science justice* and improve it as time goes by.

To common sense—away with the idle chatter—*The P. S. C.* has no painless adjustment and won't have until the probable becomes a reality. (See another paper in this issue on this subject.) We never explode premature ideas to get somebody else to enter our roofs to create a disturbance in selling our goods for us, to make us more money. When a person sees the dollar before every act he can often spend dollars to find acts to see more dollars. Tell a plumber to do "all that is necessary to make it right." "Thanks." He will, at 80 cents per.

You, *Chiropractor* readers, are interested; it is your right to know the truth; it is your duty to be fair, square with self, your patients and your science. We have been. We have investigated this subject from A to Z (as we usually do) and we stand prepared at this time to again affirm that no specific or accurate results proving "painless adjustment" exists in our ranks as yet. It may be forthcoming in the future—but not now. We take it upon ourselves, as *"Chiropractic Fountain Head,"* to question every new move, every new idea that enters into the composition of Chiropractic. No body of Chiropractors is quite so capable of putting their stamp of approval or disapproval upon the same. We use no prejudice, no disregard for the school or standing—it is a question of science and results with us. Some just and considerate body *must* be the criterion, without which Chiropractic would be a monopolistic, money-greedy mongrel, nondescript science. To induce, assist and foster its pure and unadulterated growth, is our duty, even if in the doing we must issue edicts against those who, though now money mad, should be its most loyal and true supporters.

We are the Copenhagen Institute, challenging the proofs and claims of Cook. If he does not forthcome with sufficient scientific data there is but *one* conclusion. Peary marched to the front, as a man, placed his proofs on the table and helped explain them to the Geographical Society of America, after which the society granted his contention that he had *been* to the pole. Where is Cook today? Australia—and socially ostracised. Where is Peary? In his home country—one of the most scientifically and personally respected of men. The difference was one wanted money

and the other scientific achievement. According to this analysis are you a Peary or a Cook? Which do you desire or propose to be? We know what *The P. S. C.* is and will be.

Watch for the budding school. As the spring appears, the warmth of the sun shines upon Mother Earth, and the moisture of the ocean drops upon the building bud; it will gradually open its petals only to reveal to the salespeople that it contained poison, not the nectar of the gods that they had hoped. In other words, it's time for the caravan to make another move. Evidently another typhoon is in sight. Somebody must house the camels. All together—Heave, Ho!

THE McADAMS "PAINLESS ADJUSTMENT."

In spite of the talks of the "Fac." of *The P. S. C.* have had over that "painless adjustment," it sure did break out in a way least expected. We issued a cure-all argument. but it came into "our" family like the measles, in spite of all we could do. This is the way it happened: "B. J." had been doing some strenuous work around *The P. S. C.* and wrenched his cervical vertebra. When the work was finished, "Mc" adjusted him. Sitting in the adjusting room were Dr. Owens and Dr. Brown. In a second Dr. Owens turned and said, "What was that I heard snap?" At that. Dr. Brown said, "I heard it, too; what was it?" "B. J." said, "I heard it, too; what was it?" "Mc" inquired to find whether "B. J." had gone asleep on the bench or not. Although "B. J." was tired, he had not yet gone to the land where "painless adjustments" problems do not exist—at least so thought the other three. Question after question now rained on "Mc," who proceded to "adjust" the whole spine. "B. J." was then asked whether he had felt anything or not, and he replied, "I felt no vertebra move." "Mc" called his work a "painless adjustment." Drs. Brown and Owens declared they heard every one pop. "B. J." declared that he felt none move. Three witnesses against one is usually sufficient to convict in any court. To carry *the game* on, the three declared that "B. J." did not know what a "pain" was, therefore was not competent to say he felt them. Henceforth three plotted against one; a counter school was to have its origin based on the "McAdams Painless Adjustment," which "B. J." did not hear, see, nor feel.

Later, "Mc" showed us how he did it. His ulna of the adjusting hand can be made to crack voluntarily any time and in any place. To prove this he placed his hand on the edge of an ordinary table, run it up and down and made it "pop" so loud that had we had our eyes closed we would have declared that he moved vertebrae. Then he placed his hand on a human spine and did the same with and without moving the vertebrae, but when *he* said they moved the patient said they hurt, when *he* said "they popped" and *did*

not move, the patient said they "were painless." If that patient had been any other than a Chiropractor who understood his business, it would have been easy for "Mc" to have stated what he did and the innocent patient would have believed him.

Moral.—It takes reliable substances to attract more reliable substance.

Object.—More money is believed to be gained in an antipodal manner.

Purpose.—To have a "Painless Adjustment" keg on tap at *The P. S. C.* All you can carry for nothing. Help yourselves. You are welcome. We said that when we had a "painless adjustment" we would give it away. We are now ready.

Chiropractors—Regardless of school:—We will give free all you can get of the "painless adjustment" that we have to give. This is now the fifth system. Yours for the coming and getting. We are not even going to charge $250, nor $2.50, nor $.025—Free. Come one, come all—you are welcome.

CONCLUSION.

Briefly reviewing at this time the entire sum of moves shown you, it will be seen that they all have been relegated into the line of failures on the common ground that none of them corrected the thing it was presumed they caused. In other words, what caused a subluxation was a concussion of forces, and in none of these views do we see any attempt at a creation of forces reversing that which caused them, and until such a principle was introduced all the work was more or less guess—problematical and hypothetical.

All the moves shown, with perhaps a half a dozen exceptions, were based upon the common principle used today in osteopathy and orthopedic surgery—both of which studies are protected by law, neither of which have we any legal—let alone moral—right to infringe upon. If for no other reason than that they did not reach and determine specific conclusions and results, we would have no reason to use them, and a final test of any science rests upon its results, and in none of the results attained by these moves do we find satisfaction. Therefore, it was logical, scientific and but natural that we should from time to time, as these moves were originated, tried and failed, condemn their use to the oncoming classics, not only in being taught at *The P. S. C.*, but in being used by the students upon the clinic or upon work on the outside that they might have. It often raised a cloud of wrath and instituted many condemnation proceedings against the viewpoint of the faculty that such were condemned, but the faculty has seen the work of years, whereas it is presumed that the student Chiropractor knows

it only as he sees it superficially. The student is inclined to feel that he wants to purchase all that his money entitles him to. He feels that in purchasing Chiropractic it is a question of quantity, the same as everybody concedes that a wagon of potatoes is more than a bushel, and if he could get the wagon full for a dollar he would be ahead of the man who bought a bushel for a dollar. But ideas cannot be classified upon the idea of quantity. The computations are based upon quality, and qualitative delivery of results. If one move specifically applied and scientifically deduced would get 50 per cent better results than two hundred moves awkwardly applied and without any definite intention, then that one move becomes fifty times more valuable than the rest combined, and this it has been proven is a fact with the recoil adjustment. We refrain from introducing the recoil adjustment at this time, because you will get that in Lesson 1 under Adjustology, in its proper time and place.

It is needless to say that to give up a personal invention is not easy. Few will go through the necessary personal struggle and financial loss, even though it be proven that it was wrong in principle and damaging to your patients. Chiropractors have invented and retracted, moved forward, only to step two cogs back, to learn from more experienced teachers what was best. We are pleased to say that a large majority have conceded points with large smiles and willingness, for they were broad enough to appreciate that it was for their good as well as all.

You will possibly ask why we deem it prudent to introduce this question of many moves into this book. We do so as a matter of warning against doing the very thing that experience has taught is exceedingly detrimental. Perhaps it would be sufficient to merely make a bold statement that the recoil adjustment is the summum bonum of all adjustments, and advise you to cleave closely to that, and that alone, and perhaps this might be sufficient with you, but our experience has shown that advice has not been all-sufficient to students of the past. They have thought their judgment good and have carelessly and carefully planned how to get more movements for the money. Therefore we feel it wise and prudent to introduce all moves, explain each, even if briefly, so you may see that all moves were progressive steps up to a final conclusion, and that that final conclusion is the recoil adjustment.

I would rather you learn at first hand these moves in preference to investing more money unnecessarily with someone from whom, perhaps, you would not get the movement unadulterated. Try these moves out if you will. Invariably you will come back to the old standby. On the outside of *The P. S. C.* the Ely movement was sold for $5.00, the Parker movement sold for $250.00, the various Langworthy moves brought $250.00, Gregory's moves $250.00, the Arnold

"Painless" brought $500.00, etc., etc., and various others that would average $300.00; so you are getting at least $8,755.00 worth *of quantity* moves to the end of trying to prevent you from going through a series of failures that each of these men in their turn went through, when the one recoil adjustment, which will be taught you thoroughly in its time and place, is worth a thousand times more than all combined.

Simplicity and brevity is the key-note of all Chiropractic art. Try and hold to that in your study.

An apt comparison can be made with Uhlrich's famous specific known today as No. 606. In medical parlance this is a specific antitoxin for syphilis. It is not yet one year old, and even at this date it is being severely questioned by many eminent lights of the profession. Many years ago this German investigator conceived a chemical compound. He numbered it Experiment No. 1, tried it and it failed. He modified his experiment, and called the modification Experiment No. 2. That was tried and failed. Thus this man worked year in and year out until finally he reached No. 606; in other words, six hundred and six experiments, the last of which he said was a success, was proven to be a specific, and coming up to his expectations. Uhlrich says No. 606 is the only complete, practical, tried and proven experiment that will stand the test of time. If *he* assumes that basis, would it be just, right or considerate for you and me to step down to and try his forty-third, eighty-ninth, three hundred and forty-second, or even his six hundred and first experiment? If *he* has tried them and they failed, can we not profit by *his* advice? He personally recommends, out of six hundred and six experiments, only the six hundred and sixth. If any short of that had been a sucecss he would never have originated the next one. The same is true with Chiropractic. We began experimenting with No. 1 and finally have reached up to where there are approximately two hundred moves in Chiropractic, the summum bonum of which is the two hundredth. If I, as the developer of by far the largest majority of these, say to you in all candor and frankness that the recoil is *the* BEST, can you not afford to rely upon my judgment and utilize that alone and distinct?

There is a theory behind the use of many moves which falls down in actual practice, viz.: that patients like to feel that they are getting their money's worth—that you are coddling over them for hours—that they are having a great deal done for them in a great many ways. But when, as a result of all this coddling, you fail to get permanent results, that patient becomes your scientific enemy, whereas if you have the simplicity of one move that will stand the test, *will* deliver the results, will get that man *well*, then that

man becomes your greatest scientific friend, because he has bought what he wanted—health.

In other words, the success of a business is based upon its results, not upon coddling or many moves. A practical example of that can be made in a comparison of *The P. S. C.* as a school with other schools. This school has remained steadfast, firm and solid for one move, and that move had to be the most specific, the easiest delivered, with the least labor and time involved, delivering the greatest percentage of results to the greatest percentage of all classes of cases at the least cost to student and patient alike. We kept striving, working, laboring, year after year, until that move has been deduced with the recoil. Naturally the people at large were inclined to be against such simplicity. Our road was an up-hill one, but today look at the tremendous success of *The P. S. C.* I know of no other Chiropractic school in the field that has worked for the same end in the same way. Naturally, then, what is their success? *The P. S. C.* today, with its present enrollment, can double the enrollment of all the balance of schools together.

I make the statement to you candidly and openly that the recoil adjustment is the cleanest, best, most artistic piece of manual art that I know of, not excepting the artists of any class. It is the hardest to get, and the easiest to deliver when once known. I base this statement upon the fact that I believe I have had and am having the largest clinical observation possibilities of any person or institution in the world today, and I know beyond a question of a doubt what the recoil adjustment will deliver.

There has been no attempt in this book to explain, even in the gross, much less the detail, any of the latest, or what we consider the best of the adjustic work. Inasmuch as it covers the twenty-one years of our work, we have left it for two other books in themselves.

Vol. 3 is a book devoted exclusively to the Art of Chiropractic, taking in the detail of the reasons why, explainir the principles underlying the *finished product* of today. It is very profusely illustrated in half-tones, over 400 being in the book, many of them full page. If you have gone through this book and are not fully satisfied that you have the best and want to get it intelligently, then we advise you to secure a copy of Vol. 3 (1911), THE SCIENCE OF CHIROPRACTIC, *Palmer*, and then be satisfied that no better system exists than it teaches.

In addition to Vol 3, there has very recently been issued a lecture on "Majors and Minors." It sells separately from the book just mentioned, at fifty cents. It is by the same author, and in actuality it is and should be considered as a supplement (1916) to Vol. 3, as it teaches of the work of the past five years, or since the work mentioned was published.